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Salpingitis and the Indications for Operating, With Two Illustrains.

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Medical literature until the writing of Bernutz in 1857, was barren of information regarding diseases of the Fallopian tubes.

His researches on the nature and pathology of inflammations of the pelvic organs, have given him a place among the foremost pathologists of modern times. His lucid explanation of pelvic inflammations, to-wit: That it is primarily a disease of the tubes and ovaries, and subsequently peritonitis resulting from the inflammatory products, communicated to the pelvic peritoneum through the distal extremity, has stood the test of time and much experimentation, and is to-day, the generally accepted pathology of nearly all pelvic inflammation.

Following closely the published work of Bernutz, were numerous records of autopsies showing the relations of the tubes to puerperal sepsis, and minute descriptions of the pathology of salpingitis.

In 1872, the question of practical surgical treatment of diseases of the uterine appendages began to be considered. In July, 1872, Hegar of Freiburg, Germany, removed the tubes and ovaries for dysmenorrhœa and ovarian neuralgia.

In the same year, Batty, of Rome, Georgia, removed the ovaries for similar reasons.

Lawson Tait, of Birmingham, England, also claimed to have removed the appendages for diseases as early as 1872.

In my opinion Mr. Tait is justly entitled to be recognized as the father of the operation. He not only did the operation at as early a date as any other operator, but in addition to this important fact, his remarkable skill and wonderful success, together with his lucid writings on the pathology and surgical treatment of pelvic inflammations by promptly removing the cause of the same, i. e., the tubes and ovaries—place him at the head of the column as the commander and chief of this branch of surgery, and puts the operation for the extirpation of diseased Fallopian tubes on a foundation as firm and enduring as time.

The following case reported by Dr. W. Gill Wylie, which came to his observation while interne at the New York State Woman's Hospital, in 1873, furnishes a striking and instructive illustration regarding the status of pelvic pathology as recognized by our most eminent gynecologists at that time: "During my term of service Dr. Thomas removed an hypertrophied clitoris with the galvanocautery. The patient did well until the thirteenth day, when she suddenly developed general peritonitis, and died in twenty-four hours. I was present when the autopsy was made. The physician who acted as pathologist pronounced the disease peritonitis due to bursting of an abscess of right ovary. Later I removed the generative organs completely, and took them to my room for examination, and discovered that it was the right tube instead of the ovary that had burst and caused the peritonitis, and that the left tube was also distended to the size of a large lemon, with greenish colored fluid."

Previous to 1882 there are no recorded cases in this country of removal of the tubes for salpingitis. Many cases of diseased and ruptured tubes had been reported from autopsies prior to this time, but operations for the extirpation of the appendages to relieve pelvic inflammations—(the *pelvic cellulitis* of our fathers)—were not considered justifiable.

For the sake of convenience we will divide inflammation of the Fallopian tubes into two general classes, viz.: acute and chronic. These may be sub-divided to correspond with the exciting causes. In acute salpingitis the mucus membrane of the tube is thickened, the lumen is narrowed, muco-pus is formed, which is sqeezed through the fimbriated extremity into the pelvic cavity—or, on account of its tenacious character the fimbriæ are sealed, thereby closing the distal outlet of the tube. This muco-pus may flow back into the uterine cavity, or it may become pent up in the tube and soon destroy the epithelial cells, and granular degeneration will follow. Acute salpingitis is a condition notfrequently met with in special practice, for the reason that women do not care to visit a gynecologist for trifling ailments. If the cause of the acute form is non-specific, and the surroundings are at all favorable, the patient will not usually need treatment. Different indeed, are the conditions of the organs in severe chronic inflammation. The tubes often become as large as a gut, and would not be recognized as Fallopian tubes when removed, were they not attached to the uterus. They may be greatly thickened, elongated, or be thin and full of pus, or the lumen may contain numerous pus pockets and many partitions. The ovary and tube sometimes are matted together and the former organ obliterated as a result of profuse exudation, and a corresponding distruction of tissue.

When the contents of the tube is altogether mucus, we have what is known as hydrosalpinx. When the tube contains pus, we call the disease pyosalpinx.

ETIOLOGY.

It is generally conceded that salpingitis of every form is the result of infection from without, i. e., either from the endometrium, alone, or from the vagina primarily, then the uterus, and finally the tubes with all the evils which follow.

Endomitritis, when not of a specific character, may cause salpingitis. When, however, the endomitritis is the result of gonorrhœal infection, the tubes are still more liable to imbibe the poison, and the dire results which surely follow, is cause sufficient to make the gynecologist despise gonorrhœa as one does the leper.

Congenital deformities such as occlusion of the os-uteri may lead to disease of the tubes.

The menstrual blood may distend the uterus and thus be forced into the tubes, which quite readily dilate. Then follows congestion,inflammation and suppuration, with probable occlusion of the distal extremity, or peritoneal adhesions caused by the leaking of the contents into the peritoneum. In delicate and imperfectly developed girls and women, the lining is prone to degeneration, which favors extension of the diseased endometritis.

Septic endometritis following abortions and labor at full term is a very frequent cause of salpingitis.

DIAGNOSIS.

In the early stages of tube inflammation the principle symptom is tenderness in the region of the tubes, with more discharge of muco-pus from the uterus than can be accounted for from the appearance of the endometrium, especially when firm pressure over the tubes causes an increase of the discharge. Soon there may be found a defined mass on one or both sides of the uterus. Painful and irregular menstruation, with a history of a miscarriage and sepsis; a history of sepsis after labor, or a history of previous gonorrhœal infection,will enable us to make an intelligent diagnosis.

I need not say in this connection that it is not always possible to accurately define the nature and extent of tube inflammation. Let me illustrate a typical case: A patient tells you that until she was married her menstruation was regular, and gave her no special inconvenience. Soon after marriage, however, she had a miscarriage, and immediately following this she had an attack of what her family physician called inflammation of the bowels, which kept her in bed two or three weeks. Since this occurence, she will tell you she has not been free from pain, especially when she walks any distance. The pain is usually intensified at the menstrual periods, and oftentimes she suffers agony during the period of pre-menstruation. She knows she is going to be unwell for two or three days beforehand. Her flow is usually more profuse than it was before. So long as she can keep in bed, she is fairly well, but to go about at this time, or

to get exhausted or excited, her life is most miserable. Sexual intercourse causes sometimes great prostration if not acute suffering. Examination, however carefully done, will cause pain, and excite temporary congestion of the peri-uterine tissues, which may force the patient to take to her bed.

In the treatment of salpingitis, two general plans are presented for our consideration.

One is the expectant plan, called by some the "conservative" treatment. This, I will say, often answers the purpose quite well, and in properly selected cases and judiciously carried out, will keep patients comfortable for an indefinite time.

In acute, mild, and non-specific salpingitis, no *special* treatment is indicated further than to keep the bowels soluble, and insist that patients keep their feet dry and warm, and not expose themselves during the active congestion due to menstruation. Cotton tampons saturated in glycerine applied twice a week to the vaginal vault will be quite harmless—and, no doubt do some good, if the patient insists on treatment. I do not believe in the plan which I used to follow, namely, that all who come to me complaining of "womb trouble," should be put through a course of uterine treatment, (or if you will permit me to say it,) *uterine tinkering*.

If you expect to cure a case of severe chronic salpingitis by paliative measures, it is my opinion that you will not meet with flattering success. There is another important consideration which must not be lost sight of in making our decisions, which plan of treatment we will follow, viz: The danger to the patient of rupture of the tube and fatal peritonitis resulting therefrom, or the same condition from the forcing of the purulent contents through the fimbriated extremity of the tube. Neither of these conditions are of themselves necessarily fatal, but local peritonitis is almost certain to set up whenever the contents of the infected tube reaches the sensitive peritoneum, and this local affection may become general whenever the conditions are favorable.

An unfavorable prognosis, therefore, must not be overlooked as a possible result of paliative treatment. The next step then, in our treatment of salpingitis is the candid consideration of cases which demand a radical course or in other words the removal of the diseased and offending organs, by extirpation by abdominal section.

If it was my intention to make this a *classical paper*, I would naturally detain you by quoting from the numerous volumes at my command, of interesting data to prove the important place, in modern surgery, which the operation for the removal of the uterine appendages for salpingitis, is given. This, however, would not be right or proper in view of the intelligence of the members of this Academy. So far as I am acquainted with the physicians composing this society, not one would hesitate to recommend any operation which would tend most to restore the patient's health, with the least danger to life.

When an operation seems to be the only rational treatment, we must be prepared to elucidate to the entire satisfaction of the patient and her relatives, what is to be expected; in what respects will the patient be benefitted; what are the dangers without the operation and what they may be if an operation is done; what are the probable chances of conception with chronic salpingitis without the operation, and that with it there is no possible opportunity of further pregnancies; that menopause will probably be at once established, and that she will have to suffer the nervous phenomena which is inseparable from this period of life; that it will take her a few months to recover her full health and vigor, although she can usually get up in three or four weeks and do some light work; that she will not in any measure be changed from her former self—except that she may become rounder, plumper, and in every respect fresher and handsomer; and finally, you can give her the benefit of the assurance that the usual results of this operation as done by the skilled surgeon, is the most satisfactory of all other major operations known to gynecological surgery.

Diseased Fallopian tubes are quite as common as diseased ovaries. In fact they are almost inseparable. In the ten cases I have operated on in about one year, all but three had diseased tubes, and all except one had diseased ovaries.

Figures 1—Uterine end of both tubes, split open; 2—Bottle in left tube, showing the diameter of the lumen; 3—Fimbriated extremity of both tubes; 4—Left ovary transformed into a pus sack; 5—Right ovary.

These diseased conditions vary from a catarrhal salpingitis with destruction of the lining membrane, to pyosalpinx, with great pouches of pus as large (as in the case which I exhibited to you a few months ago), as naval oranges.

I have here the pathological specimens, (see preceding page,) which I removed about a week ago. I regret to inform you that the patient died in about fifty-eight hours after the operation, from hemorrhage in the right lung—evidently the result of tubercular infiltration, and the effects of ether. The patient (who was under the care of Dr. Bailey), was 20 years old; had been married, but was divorced. She gave a history of gonorrhœa contracted about one year ago. She had been quite ill of peritonitis on several occasions, but recovered each time sufficient to do some light work.

I examined her about two weeks before the operation, and found a large mass on the right side of the uterus, and a smaller one on the left side. The uterus was firmly adhered, pyosalpinx with large pouches of pus was diagnosed. Her pulse was very rapid and quite weak, but no sign of heart disease was detected, and we supposed the rapid pulse was the result of the pus in the circulation. An operation was recommended as the only means of recovery. The patient took the ether badly from the first, showing symptoms of shock even before anything was done to cause it. The peritoneum was found studded with nodules about the size of duck shot. The omentum was adhered to the bladder, uterus, and about everything in its vicinity. It does not seem necessary to say that the appendages which I now show you were adhered by great strong bands to everything within their reach. The left ovary was buried in the pelvic fascia, and the tube—as you see—is shortened, drawing the ovary, tube and uterus into a conglomerated mass. The right ovary was a great pus bag, as large as a medium sized orange. I found it impossible to get my fingers behind and under it without rupturing the sack. The pus poured out profusely, and the odor was quite unbearable. The cavity was thoroughly irrigated and drainage introduced. Considerable oozing kept up for about 20 hours, when it gradually subsided. The glass drainage tube was kept in for 48 hours, as a precaution against sepsis. There were no signs of peritonitis at any time, but the pulse kept very rapid, and grew weaker after 24 hours. She took considerable nourishment. She constantly complained of great suffering in her lungs.

Immediately after death the blood would pour out of her nose and mouth when the least pressure was made over the right lung. Deep pressure on any other portion of the body gave negative results. An autopsy had been arranged for, but when this condition was discovered there seemed no longer any necessity for it.

That many patients die of congestion of the lungs and kidneys as the result of prolonged etherization there seems no doubt. In this case the operation lasted 45 minutes. There may always be diseased lungs as the prime cause of death when death is apparently caused by ether.

Diseased pelvic organs are sure to go from *bad to worse*, until every conceivable complication may set in, and thereby greatly increase the mortality of our operation.

No case has been lost by myself, nor by any other abdominal surgeon in our city, unless there were present the gravest complications, as general septic infection, destruction of the kidneys, etc. I know of no weightier argument in favor of early extirpation of diseased uterine appendages than the history of the above case.

DISCUSSION.

Dr. Sheldon thinks the paper is in accordance with the teachings of the present day. The more he sees of such operations, the more he is made to believe that the operation should be advised and undertaken early. Would advise that after a short trial of the palliative treatment we insist on an operation. Spoke of a case, that of a woman who had suffered for nine years and for the past year had been in bed most of the time. Now two weeks after an operation she sleeps well, eats well and feels better than for nine years. Since the per cent. of deaths is so low, should advise that we insist on the operation.

Dr. Lewis thought Hegar should have the credit of the first operation. Thought we

should make ourselves absolutely sure of the diagnosis of complications that might hasten the death of the patient. Would advise the palliative treatment first, especially where there were unfavorable complications. Related a case, that of a woman who had either a gonorrhæal infection or a miscarriage, which caused a salpingitis, being greatly improved by the palliative treatment. She had grown more fleshy, her cheeks are rosy, yet there is some discharge. Suppose with such a patient we should advise an operation and death result, we should certainly feel very bad.

Dr. Pelton said that he did not want to place himself as being opposed to the paper, merely for the sake of argument, and asks that the author of the paper would take no offense at what he might say. Being assured by Dr. Ward that it was his wish that a free discussion of the paper pro and con take place, he said he thought the operation proper for the class of cases represented by the specimen exhibited, but that in the little experience he had, and from the reports of the experience of eminent men, he believed a large majority of cases would be better treated by the conservative methods; that it was a question if the lines for operative treatment in the class of cases mentioned in the paper were close enough drawn. He referred to a paper written lately by Dr. J. C. Skene, condemning the numerous operations for ovarian and tubal diseases. Salpingitis tended to end either in resolution or suppuration. If by suppuration, the treatment recommended by Dr. Skene is to tap per vagina if accessible; if not do a laparotomy. Cases terminating in resolution do not need an operation. Chronic ovaritis and salpingitis tended to degeneration resulting in loss of function and suspension of pain and other symptoms, and did better with the palliative than the operative treatment. Malnutrition and anæmia cutting off the circulation and sooner or later resulting in atrophy, is often the cause of so-called chronic ovaritis. In cases of hydro and pyo-salpynx, where the discharge passed out the uterus, did not think it essential to operate, except where persistent, or where a pus cavity could be diagnosed in the tubes. He believed that the minds of the profession were rapidly changing in regard to operating for all ovarian or tubal diseases, and called attention to a statement by Dr. H. C. Coe, where he told his class not to promise too much, for very many cases which he and others had operated upon years ago, were still suffering as greatly as before. Mr. P., in support of his views also gave names of such men as Skene, Grandin, Walds and Mann.

Dr. Stewart said according to Coe about 90 per cent. of females had evidence of cystic degeneration of the ovaries.

Dr. Minney said, not to operate on cases where there is a discharge of pus from the tubes and the ordinary treatment has failed is about on a parallel with the old idea in regard to a discharge from the ear, viz., let them still discharge. Undoubtedly this is a drain upon the system and septic matter is thrown out which endangers the life of the patient.

Dr. R. E. McVey asks whether the various neuroses, local, peripheral or central in origin, were sufficient cause for an operation, and partially answered the question himself in the negative by saying many of them could be treated successfully without an operation, if we would but search for the true origin sufficiently long before resorting to an operation. He had known many cases where there was a discharge of pus from the uterus, vagina or rectum going on for years, and the patient enjoying fair health and finally recovering without an operation.

Just here an amusing and somewhat instructive fusillade as to what to do in neurotic conditions was engaged in by Drs. Cazier, Peers, Righter and Munn, which was too rapid for the reporter.

Dr. Munn asked Dr. Ward if he had ever used peroxide of hydrogen in the pus sacs of the abdomen.

Dr. Morgridge asks if the patient in the case reported was emaciated.

Dr. McClintock asked Dr. Munn if he had known of peroxide of hydrogen being used; if so how was it used.

Dr. Munn said he had heard Dr. Martin of Chicago say he had used it.

Dr. Minney said that from his experience with the peroxide in the ear, he did not think it would be a safe remedy to use in the abdomen. It often causes severe inflammation.

Dr. Stewart referred to the fact that it not only destroyed pus but red blood corpuscles.

Drs. Bailey, McClintock and others spoke of the probable danger in using it in the abdomen.

Dr. Green thought he knew of the case to which Dr. Lewis referred, and as the history would finally be like the case operated upon, thought an operation should be insisted upon both for the credit of the physician and the benefit of the patient.

Dr. Righter said there was always some opposition to almost any treatment, and he explained his views in defense of the operative treatment of salpingitis.

Dr. Cazier—We should not spend too much time in determining in the neuroses whether the trouble was central or peripheral, as there were certain general plans of treatment that could be applied with benefit. Thought too much operating was done, both in the neurotic cases and in the other conditions of the ovaries and tubes.

Dr. Ward in closing said he thought Dr. Lewis' case should be operated upon. The danger is in postponing the operation too long. The patient reported was in very fair flesh. There was nothing about her appearance to indicate serious lung trouble. The most striking point about her condition was a very rapid pulse before the operation. This was improved after the operation for several hours. Would be afraid to use peroxide of hydrogen in the abdominal cavity. The pains are usually caused by a fibro cystic condition of the ovaries and tubes, and when they are removed the pains are relieved. Regarding the idea that laparotomy for the relief of diseased tubes and ovaries was becoming less common, was not the case. On the contrary it was looked upon with more favor. Did not believe in our being controlled by the opinions of Coe, Manley and others, but preferred to be guided by his own experience.

PROF. BARTHOLOW directs in muscular rheumatism that milk and all saccharine substances shall be excluded from the diet. See that the liver is acting properly, and give salol grain j, three times a day.—*Times and Register.*

The Operation for Intubation of the Larynx With Report of Twenty-two Cases.

Read before the Missouri Valley Medical Society, Omaha, Neb., March 19, 1891.

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LARYNGOLOGIST TO ALL SAINTS AND MISSOURI PACIFIC R. R. HOSPITALS,

Mr. President and Gentlemen of the Missouri Valley Medical Society :—

Intubation in stenosis of the larynx from any cause, revived, improved and popularized by any American genius and perseverence, must soon, by its very simplicity, readiness, marvelously quick relief in moments of urgent danger, and brilliant, even, improving statistics of cure, find a world-wide acceptance and become universally practiced.

In 1885, Dr. Joseph O'Dwyer of the New York Post Graduate Medical School, brought this operation before the world, and to him we owe a debt of gratitude. Those of us who have received special instructions at his hands love and trust him.

Is there a distinction between croup and diphtheria?

Some apology is needed for alluding to that subject, because it was discussed here so recently. My apology is that notwithstanding all the ability devoted to it, diphtheria still remains the most defiant of the so-called gymotic diseases. Hume and Jacobi say that the two diseases are identical. Churchill, Lenx, Browne and Sir Morrell MacKenzie say that they are distinct disease. O'Dwyer, Loomis, Winters and Flint, of New York, all say that they are distinct diseases.

You see we have good men on each side. I have been taught and believe clinical experience sustains the teaching that they are distinct diseases. I believe diphtheria is highly contagious, and when it occurs in a family more than one member is apt to have the disease. While croup is not contagious and cannot be conveyed to other members of the family. Intubation cures in croup. In diphtheria it keeps the patient alive while the remedies and food can be given.

In such a case the treatment by antiseptics can and must be used. I have been told that

the operation is not good surgery. In tracheotomy the wound can be treated on surgical principles. That it requires an expert to stay with the patient all the time; while in tracheotomy no expert has to stay with the case. These are all mistakes; the tube can be left in for 24 hours without any fears and no physician need stay with the patient all the time. My friend, Dr. Waxam, of Chicago, told me last November, that he had performed the operation over 200 times and had saved 130 of his cases. A great many surgeons have told me that they have no success with tracheotomy; all their cases die. Jacobi reports 100 tracheotomies and 100 deaths. In Mount Sini Hospital, New York, where his work is largely done, the young physicians are in the habit of saying the operation means death. Holmes of London, page 303, says, "Tracheotomy is the most dangerous of all surgical operations in its immediate performance and in its secondary complications."

Dr. S. D. Gross, page 231, says about the same thing as Dr. Holmes. He says, "I hardly know an operation in all surgery that I would not rather undertake than this." Dr. Jacobi says he goes to tracheotomy operation without fear and trembling, He says more patients die on the table in tracheotomy than in any other surgical operation. Lenox Browne says, "Tracheotomy is an alarming operation to hear of or look at. I have substituted intubation. In Kansas City I have seen quite a number of deaths from tracheotomy." O'Dwyer says that it has a tendency to cause pneumonia or bronchitis, while the tubes are in, which will be then apt to cause death. The large wound is more apt to become diphtheritic and cause other secondary complications.

The instruments consists of a gag, an introducer, an extractor and five tubes of different sizes.

The physician who wishes to become expert in this operation, should first thoroughly familiarize himself with the instruments. He should practice working the spring of the introducer which should be operated by the thumb and not the forefinger. The extractor should be held in the same manner. You can practice by introducing the tube (in this manner demonstrating) into the closed hand detaching the tube and passing it down out of sight. It is also well to practice extraction because that is even more difficult; and become accustomed to the feeling of the head of the tube, and appreciate the opening in whatever position it may be placed. The instruments should be held lightly and the operation should be performed with the utmost gentleness. I have heard gentlemen say, that the tubes and instruments were too frail, breaking their gags, introducers and extractors. I have no sympathy for those physicians. The same quickness and gentleness that is required in passing a catheter should be exercised in passing a tube into the larynx. No force is used, no anæsthetic is required, and the operation should not take longer than ten seconds.

It is still better to become familiar with the anatomy of the larynx, by work on the cadaver. In performing the operation the physician should first select a tube suitable to the age of the patient, the smallest being suitable for a child under two years, next in size for one between two and five. A suitable tube however may be selected by reference to the scale which accompanies each set. The tube should be threaded with braided silk or linen thread; making a loop about fourteen inches long. The obturator should then be screwed upon the introducer, and the tube attached. The patient wrapped should be held upright in the lap of a nurse closely against the left breast with the head resting on the shoulder. The nurse should sit upright in a straight back chair and the patient should be held firmly and not be permitted to slide down. The forearm of the child should be crossed in front and the nurse should grasp the wrists. An assistant stand behind should hold the head securely and slightly backward. The gag should be introduced into the angle of the mouth well back between the teeth and wide open. The operator should then quickly seize the instruments with the tube attached, hook the loop of silk over the little finger of the same hand, closely followed by the tube. He may simply hook the epiglotis forward with the index finger and guide the end of the tube gently over it, when by making an abrupt turn he will pass the tube into the larynx, if

he has been careful to keep it into the median line. The moment the end of the tube is pressed into the larynx, it should be detached from the introducer by pressing forward on the slide. And as the instrument is removed the tube should be pressed down into position by the finger which should still remain in the larynx. That it has entered the larynx will be indicated by violent coughing and easy respiration. If it has passed into the æsophagus no relief is given, there is no violent coughing, and there is gradual shortening of the loop as the tube gravitates towards the stomach. If quite certain that it has entered the larynx, the gag should be removed and the loop should be placed backward over the ear. The operator should wait a few minutes to make sure that the tube is in position, and to allow the cough to expél the ropy-mucus and soften membrane. He should now cut the loop near the mouth, replace the gag, and introduce the index finger of the left hand until it reaches the head of the tube; by pulling on one end of the loop it is quickly removed leaving the tube in the larynx. In extracting the tube the patient should be placed in the same position as when the tube was introduced. The extractor should quickly follow the finger, the point of which should be guided into the tube. If, after a few gentle and careful attempts the tube cannot be removed, an anæsthetic should be given. The operation presents many advantages for our consideration. The operation may be performed by the expert quickly, almost instantly.

There is no shock, no hemorrhage, and the relief is as prompt and complete as after tracheotomy. The greatest advantage, is the fact that we can always gain consent of parents, and thus we save many lives where tracheotomy would not be permitted. In feeding, the child should be placed on an inclined plane. I have performed the operation twenty-two times, with seven recoveries. In none of my cases was the operation done until severe and increasing dyspnœa demanded it. Being called as consulting physician everything else had been done, and the patients practically given up to die. The following case I will briefly report:

January 10, 1891, I was called by Dr. Hunt, to a patient with croup, a girl six years old. Had been sick for a week. There was great difficulty in breathing, patient was pale and restless. The loud breathing could be heard on entering the room. It was very evident unless something be done at once death would soon end the scene. After explaining the operation and gaining the consent of the parents, I rapidly did the operation for intubation of the larynx. In one instant the little girl was breathing quietly and soon passed into a much needed and peaceful slumber. After five days she was well.

All your pains, expense and trouble will be repaid you, when you know that you have snatched the little patients from a speedy death. They cannot thank you in audible tones, but the look, smiles, and last but not least, the quiet breathing. Several of my patients have been in the families of physicians.

At a recent meeting of this society the operation was considered to be unsafe by several of our general surgeons. The success of any operation, we must admit depends largely upon the subsequent management and treatment of the case; the value of the operation however will be determined by results rather than by possible methods of procedure. Intubation has been practiced and it has been a recognized fact, and doubt no longer exists as to it being a life-saving agent, if not the best means at our command for fighting that formidable disease, membranous laryngitis. How does diphtheria tend to cause death when left to itself? In a very large proportion of fatal cases, the disease in young children ultimately causes death by mechanically obstructing the passage of air into the lungs. The object of intubation is to supply a provisional air passage in the place of the obstructed rima-glotis so as to allow the disease to run its full course and to gain time for the administration of remedies, and if it accomplishes this, it should be acknowledged, even though the patient should die afterward from the persistence of the original disease, or some of its complications. That it does accomplish this will be seen by the mode of death after the operation. This depends very much upon the type of the disease, the time the operation was performed, the condition and care of the patient. When

the operation has failed to save life, it has been generally either because it was postponed until it was too late; secondary complications in the bronchii and lungs have arisen, sudden collapse the persistence and extension of the disease caused death by means of asthenia and uremia. I wish you to mark that none of these causes of death are instances of failures of the operation when properly performed.

CONCLUSION.

Intubation of itself, performed with care, involves little if any danger to life. Accidents during the operation generally result from want of care.

It prevents asphyxia, and thus gives more time for the administration of remedies, and for the system ultimately to throw off the disease. It prevents laborious and rapid breathing and lessens exhaustion. It allows a free supply of air, and thus assists in the cure of the original malady. It is the supreme resource, and as the patient cannot be made worse by it, do not postpone it until there is but a forlorn hope even from it.

Persistence of the original disease, delay in the performance of the operation, and neglect afterwards are the causes of its failure. Operate early, very slowly, deliberately, carefully and without hurry. It is never too late to operate even though the child has stopped breathing, if life is not extinct, insert the tubes and perform artificial respiration. I have saved several children under just such conditions. If strangulation is the main symptom neither age, constitutional condition nor complications can furnish a contra indication to its performance. It alleviates suffering; it mitigates all the symptoms; it obviates secondary complications; it never adds one element of danger to the original disease.

Statistics taken collectively show that nine-tenths of the cases which render the operation needful will suffocate without it. Performed early it snatches from certain death fully two-fifths of all the cases. No patient that dies after the operation would have lived if it had not been performed. When it fails to save life the relief afforded and the substitution for the most agonizing mode of death, strangulation, for one of the least, by asthenia, are sufficient reasons to justify its performance. The dictates of science, facts, and common humanity unite in demanding it. Waxam must have been inspired when he said of it: "It is a divine invention."

Phimosis—Local and Remote Results.

Read before the Golden Belt District Medical Society, at Topeka, Kansas, April 9, 1891.

BY A. H. CORDIER, M. D., M'PHERSON, KAS.

A few years ago at a meeting of the State (Kansas) Medical Society, I read an article on this subject in which I reported a number of cases occuring in my practice in which the treatment substantiated the views promulgated by Prof. Sayre a few years ago. That is, that this condition is a source of much discomfort locally, often leading to more serious remote results than the majority of general practitioners attribute to this abnormal local condition.

Since that time I have had a number of cases that bear me out in my former statements. That this condition and its results are becoming more and more understood and treated intelligently is a fact that no one can deny. That it produced far and remote serious symptoms through the nervous system leading to grave results, is also true and undisputed by most authors.

Dr. Sayre, in his work on Orthopedic Surgery, says: "*Congenital Phimosis and adherent foreskin* as a cause of reflex muscular contraction has been almost entirely over-looked by the profession in general." At a late meeting of the medical society of Virginia, Dr. Landon Carter Gray, of New York, in the course of a discussion upon this topic, said: "Some experience and publications of Dr. L. A. Sayre, only a few years ago lead the profession into the unnecessary practice of cutting off the prepuce for the relief of certain nervous troubles. All such procedures are proven to be failures when recommended or resorted to as surgical panaceas. In almost all the cases where such operations have been resorted to for the cure of nervous diseases unless there was more distinct occasion for such *mutilations* (Italics mine) even when re-

lief did seem to follow it has been shown that such relief was only temporary; and even this result could be more satisfactorily accounted for on the known therapeutic laws of strong mental impression than upon the direct benefits of the several operations themselves."

Dr. Hunter McGuire at the same meeting in a paper entitled "Nervous Disorders following organic stricture of the urethra," after relating a number of cases in which paralysis, apoplexy or cerebral disease of some kind followed urethral stricture of long standing, said, "Are all these cases mere coincidences?" I cannot help thinking that long existing urethral strictures may set up reflex irritation in one or more of the nervous centers, and this persisting end in pathological changes in one form or another."

This statement coming from the high authority it does, certainly has some weighty testimony bearing on the question of remote reflex nervous manifestation of the local irritation produced by a contracted and narrowed preputial orifice in the front of and over a highly sensitive and often inflamed glands penis, in many cases with firm adhesions as a result of past attacks of balanitis.

A contracted, inflamed and adherent prepuce leads to a constant state of nervous irritation and exhaustion. To prove this assertion, bring to me a little patient with a local condition such as I have described, remove his diaper, and I will show you an unnatural susceptibility to local irritation and an unusually well developed organ for a child of his age.

The least irritation, such as the touch of the finger, blowing on the parts or the contact of the diaper with the penis is all that is necessary to cause the organ to become erect and to throw the child into a convulsive tremor.

Now imagine an adult with his much less susceptible nervous system in this condition for weeks, what destructive inroads would be made upon his health, first through the nervous system and then in turn attacking the digestive and so on until the whole being is a complete physical and mental wreck. Such a condition is necessarily detrimental to the health and comfort of the individual.

This condition leads to many annoying and disagreeable symptoms, and if allowed to continue, dangerous conditions and fatal results will in many cases be the inevitable termination. While if recognized early and treated promptly and properly, this trifling (?) malformation will be robbed of its roguish symptoms, and in many cases serious results thwarted, and the little sufferer restored to comfort and health.

I shall in this article endeavor to make it plain why these remote symptoms are produced, by citing you to the well known anatomical distribution of the nerve supply of the penis. To appreciate the value of the points I shall try to make clear in this article, it is absolutely necessary that you keep in mind the distribution of the motor, sympathetic and sensitive nerves of the parts described or treated of in this paper.

The sympathetic nervous system with its delicate make up, and its peculiar susceptibility to irritations of any nature, certainly finds a locality in this organ where its singular function is demonstrated. The inferior hypogastric or pelvic plexus, situated as they are by the side of the bladder and rectum, with free communications between the second, third and fourth sacral nerves, and by liberal communications with the internal pudic, a branch of the lower part of the sacral plexus. After uniting with the pudic, the two are distributed to the corpus cavernosum and spongiosum, urethra and in fact to all parts of the organ. The knowledge of this fact is quite sufficient to explain why any pathological irritation at the periphery should be followed by a similar condition in remote organ, if long continued, supplied by the same set of nerves.

The pudic nerve taking its origin from the sacral plexus distributes its branches to the urethra, skin and muscles of the penis. The sensitive nerves from the mucus surface of end of penis interlace with the motor nerves supplying the bladder, and any irritation applied to the periphery may be followed by a muscular contraction of the bladder. This is only the reverse of the condition existing in stone in the bladder. The moment the stone comes in contact with the irritated mucus membrane of bladder when empty, it produces a contraction of its muscular layer, and the pain is felt with greatest intensity in the gland

penis. It is the friction of the nerves upon the surface of glands penis which brings on the emission and erection associated with sexual intercourse or masturbation by exciting associated muscular contraction of the muscles of penis and those concerned in ejaculating the semen.

In infants the inhibitory action of the brain over the spinal cord is still in abeyance, and reflex action is more uncontrolable. In these cases there is an exaggerated sensitiveness of the senso-motor centers. This condition is one favorable to the full manifestations of remote civil effects of a constant peripheral irritation. From this reason the same local condition in an older child will not in many cases produce the same results, as this exalted irritability of the nervous system does not exist in older children.

If a man is suffering with a gonorrhœa he *may* have a retention of urine, as a result of a muscular spasm of the urethra or a violent erection may and does often occur. This signifies that the same nerves supplying the mucus membrane supplies the muscles of the urethra as well as the muscles governing the venous circulation. The inflamed condition of this sensitive canal, manifests itself by leading to a spasmodic contraction of the muscles of urethra, giving rise to spasmodic stricture, and a consequent retention of urine. Cases of varicocele and hernia are in some cases due to the violent efforts in micturition, and the handling of the penis by young children, aggravates the local trouble. A narrowed preputial orifice is often followed by the same train of symptoms as if from an urethral stricture. Stone in the bladder has been wrongly diagnosed where the cause of the symptoms was located in the foreskin. Eclampsia of a reflex character is often the result of preputial irritation and masturbation in children and infants. I mean by reflex eclampsia, that variety is the reflex motor expression of some peripheral irritation of the sensitive nerves.

In searching for exciting causes of epilepsy especially in young children, we should always examine the foreskin and if phimosis exists, circumcise him, if it fails to cure his epilepsy, you have removed a deformity by the operation. There is nothing more remarkable in removing an inflamed and highly irritated foreskin, and relieving the distressing symptoms produced by this condition than there is by dropping a solution of sulphate of atropia into an eye to relieve the pain and muscular contraction or spasm of the iris in iritis. All this is done upon the same principle and is founded upon interpreting correctly the anatomical and physiological facts as they present themselves to us.

All the ills of early boyhood should not be attributed to an adherent foreskin, neither should we look to the uterus as the only organ possessed by the bed-ridden lady invalid. We should arrive at our diagnosis in these cases (like all others) by a thorough examination of our patients and justly and intelligently weighing each and every symptom as they present themselves, eliminating this and that factor as a causative agent until a correct diagnosis is made, and then direct our treatment in accordance with the deduction. The indications for the operation in children are, *congenital phimosis when accompanied by balanitis ballooning of the prepuce or by reflex symptoms* which may owe their origin to this local condition, as dysuria, epilepsy, convulsions, spasmodic muscular contraction, hernia, varicocele, prolapsus of the rectum, etc. In adults we are called upon to perform this operation to relieve the constriction of foreskin over a specific balanitis, as gonorrhœa or syphilis and in some cases to relieve reflex symptoms.

I cannot make my article more explicit than to report to you a few cases occurring in my practice in the last two years; I performed this operation a number of times, each year and have not yet had any cause to regret it, and the patient if old enough is always ever afterwards grateful for these mutilations (?) as some would have us believe this "reckless practice," to be. I usually use a few drops of cocaine solution, two or four per cent. with a hypodermic syringe in line of proposed incission, having previously thrown a rubber band about the base of the organ. You can introduce the needle painiessly by, (when you can get to mucus membrane) painting it over with a solution of cocaine, and waiting a few

minutes for the local anæsthetizing effect on this membrane, and avoid wounding the skin with the needle when it is introduced. Where firm adhesions exist give chloroform every time.

Case I—Adhesions of the foreskin—L. H., age 10, chorea of facial muscles of six months duration, has been under treatment with no improvement, in fact is getting worse all the time. Foreskin is adherent to the glands and is very long. An offensive discharge is escaping from beneath the contracted and inflamed prepuce, penis very sensitive to touch; chloroform used as the anæsthetic, adhesion broken up, foreskin cut off, etc.; all constitutional treatment discontinued; in a months' time all his muscular twitching had disappeared.

Case II—In October I attended this little fellow during a two weeks spell of sickness, which took the type of remittent fever, In November his mother noticed he did not use his limbs as well as before his last illness, but said nothing about it until in December. His limbs are not atrophied, and he has the power to move them when pinched or irritated, but is unable to walk or stand upon them. He is pale and anæmic, and has a constant frowning countenance, indicating pain or irritation of some parts of his body. In examining him I find a very long narrow contracted and inflamed prepuce, covering a highly sensitive glands penis. The penis is in a constant state of erection, while awake, and the mere touch of the finger produces an erection while sleeping accompanied by a tremor of the whole body. His mother informs me that there has been an offensive ichorous discharge from beneath the prepuce since the first of November, acting under the opinion, that his paralysis was of a reflex character, owing its origin to the phimosis. I circumcised the little fellow. The mucus membrane was firmly adherent, and back of the gland I found a large collection of hardened smegma. He rested better the first night after the operation than he had for weeks. He rapidly regained the use of his legs without the use of electricity or internal medication. The known therapeutic laws of strong mental impression, certainly had nothing to do with the results in this case which were lasting.

Phimosis with symptoms, allied to those produced by stone in the bladder.

Case III—Age 8. This little boy is anæmic and has marked upon his face the picture of much suffering and anxiety; he has very severe pain in the region of the bladder each time he urinates, which is every half hour during the day, the urine flowing away in a small stream, giving him much pain. The pain in the bladder is aggravated by riding over rough roads; pain is severe in the glands penis; urine examined, no evidence of cystitis. This condition has existed for six months. On examining him I find a long narrow, contracted prepuce, with an opening just sufficient to admit a very small probe, which detected adhesions of the mucus membrane to the glands penis. Believing his vesical symptoms were due to the local irritation produced by the condition I had discovered, I advised an immediate operation, which was performed; I found very firm adhesions to the glands, requiring a careful dissection with the knife. The next day I found him almost entirely relieved of his disagreeable symptoms. He could urinate without causing him pain, and was able to retain the urine for hours with comparative comfort. This case has remained cured up to this time. I performed the operation two years ago.

I will cite one more case, to show the baneful results of this seemingly trifling malady.

Case IV—Baby nine weeks old, *infantile convulsions as a result of adherent and contracted foreskin—Circumcision cure.* Sometime during March, 1860, the mother of this little patient gave birth to twins, both boys, and to all appearance, perfectly healthy. At the age of three weeks, both began having convulsions of the severest type and persistent character. A physician was called who tried all remedies for the relief of like cases (?) The babies continued to have convulsions off and on, day and night, for three weeks, at any and all times whether sleeping or awake, requiring a constant watching and care. The remedies brought no relief; one of the babies died at the age of six weeks. Three weeks later the other child was sent to me for treatment. The convulsive seizures having continued up to this time, the mother who had

been taught how to administer chloroform had the little fellow completely anæsthetized when I arrived at the house, trying to check an attack. I found a *plump, well* nourished and healthy looking baby, having convulsions, believing on first sight (having heard something of the case, before seeing it) that I had a case of reflex convulsions to deal with. I asked the mother to remove the diaper. On touching the penis, which was of an unusual size for a child of nine weeks of age, it became erect and remained in this state as long as any irritation was applied. I believed that here I had found the key to the solution of the mystery involving the etiology, and the treatment of the case was at once pointed out. I found the foreskin tightly contracted, presenting an opening the size of a broom straw, and *firmly adhered*, I advised an operation, the father, a banker in an adjoining county, was sent for. During the night the little patient was kept under the influence of the bromides and chloral hydrate, and part of the time chloroform was used, even then twitching of the muscles was noticed. The father arrived the next morning, the nature of the case and the method of relief; explained to him, and his consent was obtained to perform the operation of circumcision, as it was badly needed, even though it failed to relieve the convulsions. The operation was performed that A. M. at eight o'clock and from that *hour* to the present time he has not had a convulsion or a nervous twitch of a muscle. All internal medication was stopped on the day of the operation.

Cystitis.

Read before the Golden Belt District Medical Society, at Topeka, Kas., April 9, 1891.

BY J. H. GAREY, M. D., WILSEY, KAS.

Mr. President and Gentlemen:—

The cases of cystitis of which I am about to report to you to-day, are a few of the cases which have come under my observation in the past two or three years. In reporting these cases I do so for the purpose of showing the results of my experience with irrigation of the bladder with hot water and iodoform. I will not take up the time to describe or discuss "Cystitis," we are all familiar with the history, symptoms and pathology of the disease.

Case I—John V, age 23 years, history good. First seen patient January 8, 1888; complained of severe pains in back, bladder and urethra, incontinance of urine, was compelled to micturate every half hour during the day and six to ten times at night, accompanied by severe pains; never has gonorrhea. He felt the first symptoms four years previous to this, at which time he had a very severe pain in the bladder and trouble to urinate. On examination of the urine, I found S. G. 1030, considerable albumen, muco-pus, no sugar. After examing the bladder thoroughly, concluded there was no stone causing cystitis. My diagnosis was Bright's disease of the kidney with cystitis. I placed him on treatment, such as potassium, salts and tonics, changing treatment as case demanded. After about a years treatment the albumen disappeared and have had no traces of albumen since. The pain in the back ceased to exist, but the incontinance while not frequent, still persisted, with less pain however, than formerly. He seemed to improve until about one year since, when I could make no further impression on the disease by internal medication. About this time I noticed in the "College and Clinical Record" six cases treated with iodiform injections; I concluded to try it in this case. The bladder was washed out with moderately hot water, using a soft rubber catheter and common glass syringe, then an injection of the following emulsion:

R.	Iodoformi	ʒx	
	Glycerini	℥j	
	Gum tragicanth.	gr. j	
	Aquæ fluvialis	℥ij	M.

Sig. One teaspoonful in three ounces of warm water—This amount was about all the bladder would hold at first injection—the mixture was injected and held about one minute to allow the iodoform to settle, the water was then allowed to come away clear, the iodoform retained as long as possible. The first iodoform the patient retained about fifteen minutes; there was considerable pain connected with the first injection, and the patient complained of being very sore the next day. At the second injection I used four ounces of fluid

with less pain, micturition less painful and not so frequent. After six months treatment patient was only obliged to get up once each night to micturate and every two hours during the day. No pain whatever; the soreness had completely left the bladder. In the next four weeks he received five treatments, when he thought himself cured; the incontinence at night ceased and was about normal during the day. I lost sight of the patient for the next six months. About one month since he presented himself for treatment again, the former symptoms having returned, but in a milder form, being obliged to micturate two or three times at night and every hour or two during the day. I placed the patient on the same irrigating treatment of iodoform and prescribed internally at the same time:

R. Infusion of buchu ʒviij
Potassa citrate ʒij M.

Sig. One tablespoonful three times a day. There was slight pain after first injection, which however disappeared after second treatment; micturition also became less frequent, the case continuing to improve. This patient while under treatment continues to do general work on a farm every day.

Case II—Mrs. B., age 26, history good; had an attack of inflammation of the bladder nine years previous, which had caused patient much trouble and pain up to the time of treatment. About two years since she presented herself for treatment. On examination of urine, I found S. G. 1028, some albumen, muco-pus, with particles of blood, the urine being of a thick and stringy nature, micturition very painful and frequent, especially at night. On examination per vaginum, I found no vaginitis. It was a clear case of chronic cystitis. I tried medication by the stomach, and hot vaginal injections, for about a year with only slight improvement; about this time I commenced using the iodoform injection for cystitis, having obtained her consent. I proceeded in about the same manner and treatment as in former case, except that instead of using one teaspoonful in three ounces of water I made use of two teaspoonsful or (two drachms of the emulsion and one-half pint of warm water; I increased this to one tablespoonful (four drachms) one pint of warm water. The first treatment was very painful, there was a great amount of pus and some blood discharge from the bladder; with the hot water injection; after about eight injections the patient complained of an itching and drawing sensation in the bladder, this continued for about three weeks. At the end of two months after commencing the iodoform treatment Mrs. B. claimed to be cured. In connection with irrigation of the bladder the patient being debilitated, I prescribed the following:

R. Emulsio morrhui ʒji
Ext. malt fluidum,
Liquor pepsini aa, ʒj
Sherry wine ʒij M.

Sig. One tablespoonful three times a day. Mrs. B. has taken no treatment of any kind for six months and has had no trouble whatever with the bladder; health good, weight increased and feels better to use her own words than she has for nine years.

I have treated several acute cases by irrigation and iodoform with a cure or marked improvement after from three to six injections in all cases. In summing up the treatment for cystitis, I think the greatest amount of good can be accomplished by irrigation of the bladder, either using iodoform, hydrarg. bichloridum, carbolic acid or some other disinfecting agent; in connection with medication by the stomach. If there is a calculus or tumor causing the cystitis, the cause should first be removed before attempting a cure. In regard to the toxic effect of iodoform by irrigation I have seen no bad effect whatever from the use of it in the cases which I have treated, and feel safe in using from j to jiʒ of the emulsion at one injection. In order to effect a speedy cure would recommend that the patient be kept quiet in bed if possible during treatment.

President's Address.

Read before the Republican Valley Medical Society, at Concordia, April 2, 1891.

BY J. A. JEANNOTTE, M. L.L., CLYDE, KAS.

Gentleman:—

As president of this association I am placed

in a situation where I can see no door left open by which I can escape from the task of delivering you some kind of a lecture at the end of my term. Knowing me as you all do, and knowing my knowledge of the English language, and especially my good pronunciation, you will not be expecting a flowing opening. I will make no preamble, but will enter on my subject, however poor my ability. *Audaces fortuna juvat.*

THE DUTY OF A PHYSICIAN.

This subject requires a good and sound study, one that every one of us ought to have given it, before entering into practice; but unfortunately I must confess, few of us have done so. I will divide my lecture into two parts:

First,—The untrue physician. The one who is using our noble profession for the sole purpose of making money.

Second,—The true physician. The one who does not care for the money, but ennobles his profession by principles, by love for the relief of suffering humanity, regardless of reward in this world of ingratitude.

The first thought that a young man ought to have before beginning his studies of so elevated a profession, should be, what a responsibility will rest on my hands after I will be a physician? Certainly if he is to be a regular practitioner, he must tremble at the idea, that on his actions will depend very often the happiness of a family or the sorrowful and pititul grief which always accompany the loss by death of a dear member of a family. But if that student belongs to the homœpathic school, according to their principles (let the disease cure itself,) it takes off some responsibility, although they are guilty very often by not helping nature, and I will class them among the Faith cure physicians.

Now the money-making physician among regulars, I say is a man that enters the profession for the money that is in it. He does not think or care whether it is to the detriment of his patient's health or not. He is always ready to treat any case, always has a lot of cases similar to the one you consult him about; ready to make any kind of an operation, whether he knows what he is doing or not, as long as there is any money in it, but if that be lacking you must not disturb him, unless, there is some in sight later on. You will always see him busy, never has any time to spare. You will see him advertised in every paper and at every corner of street by somebody paid for that purpose. One especial feature of these untrue physicians is the mania they have to knife their confreres and try to destroy them in the estimation of their patients. If they do not do it themselves, they will always have some means to spread their venomous poison, and you know, gentlemen, how easy it is to destroy a reputation, but how hard it is to rehabilitate one once destroyed. I will go a little farther in showing you the false physician, the dishonor of our profession. I will say that those money-making physicians will not step back before a crime, if there is money in it. They will for the sake of vile metal push their audacity clear up to commit murder, *quebi gratio*, to practice abortion on a woman or a girl in pregnancy.

Gentlemen, I have now had fourteen years practice and have had occasion during that length of time to meet a lot of those medical vampires. Those men of which I gave you a synopsis, are not according to my ideas, physicians, for they have no conscience and a man without a conscience cannot be a true physician. Some may accuse me of having a grudge against some of those physicians, although I know there is no other profession where small jealousies run riot like they do in ours, I will say, no, I am moved only by the desire to help my confreres, and have adopted for several years the habit of minding my own business and not interfering with any man in his efforts to earn an honest living, and especially to let the dear people have their money gobbled up by those impostors if they so wish.

Now, what is the true physician? According to my opinion, he is a man of conscience and a christian. Those two words embrace all the necessary things to make a true physician, and prevent him from falling into the false principles of the untrue physician. You will never see one of those true ones act unmanly and unprofessionally with any one of his confreres, neither will he perform any act to the detriment of the health of his patients,

or perform any operation against the civil and natural laws. You will always find him attentive to the profession that he has embraced, by reason of principles and for love of science and relief of suffering humanity. He is humble, always ready to step back and leave the highest honor for his confreers and working for the interest of his patients, and an honest reputation among his medical brethren. He does not care for advertisement, to the contrary he despises it, there is no humbug in him, he is a true man, leaving all his actions to speak for themselves and gaining for himself a reputation that cannot be destroyed by time.

Now you may have different ideas from mine as to the character of the true physician, but I do say and hold that to do the work of our noble profession most successfully and with pride to ourselves and confreres, we must look upon it as a duty which we owe to ourselves and society. If we take this view of it, we cannot do otherwise than labor incessantly to acquire the necessary knowledge and give to our fellowmen and patients the care and attention which their condition demands, and avoid all that is a detriment to their health, though we naturally lose a certain sum of money that those fakirs will take regardless of anything that may be done. Now the duty of a physician demands a conscience, for in the performance of duty one must have a practical and rational judgment of what is right and what is wrong, and conscience supposes religion. Faith, in all reasoning and right minded men admits that the great truths, *God, eternity, future rewards* and *punishments* are the fundamental laws and principles on which conscience rests. Take these great truths away and conscience is an idle and empty word and we will fall into the proliferation of cells of which theory I am not a believer until some great Virchow shows me the manner the first germ or cell has been procreated.

As physicians we are brought into contact with human life in all its different and variable phases from the condition of unconscious factors to the vicissitudes and decrepitude of old age, and on us frequently depends the preservation of the vital spark of a *pater familias*. The true physician should always keep before his mind the solemn fact that in that vital spark lives an imperishable and immortal spirit that will never cease to exist, consequently the conscientious and christian physician who keeps this in mind will always see that nothing is omitted which reason and christianity prescribe as necessary to affect happiness of that imperishable spirit, no matter in what stage of existence he may find it, either in a three weeks fœtus or six months pregnancy, or in a man a hundred years old. Who can accuse such a man of lacking in his work? Can it be said of him that he served his noble profession any the less because he performed the duties of a true physician? No; but it can be said of the untrue physician who very often finds himself behind bars if not working in penitentiary.

The Treatment of Pneumonia.

BY WM. E. SHASTID, A. M., M. D., WICHITA, KAS.

While this subject is somewhat trite and has received its share of discussion in medical circles, yet it is one which the general practitioner has had to consider very critically during the past two winters. The lesions which are associated with this malady and the sequelæ which may follow, stamp it as one of the most formidable acute diseases, against which we have to contend.

Every year this disease removes from the walks of life, people of every rank and condition; the robust and vigorous as well as weak and poorly nourished; the dweller in the mansion as well as the one living in the hovel; the temperate as well as the intemperate. It well behooves us therefore to contemplate seriously from every standpoint, the therapeutics of this disease as well as the mechanical procedures, by which we expect to reduce to a minimum the mortality record.

In the first stage of inflammation, namely, congestion, whatever safe means we can employ to diminish the blood pressure in the affected area, obviously is proper treatment. This may be done by several methods according to the individual peculiarities of the case treated. By giving a large dose of quinine (15 to 20 grains,) and morphine ($\frac{1}{8}$ to $\frac{1}{2}$ grains,) in

adult cases, at the very commencement of the disease process, according to the well recommended custom, the subsequent inflammation is, I think, often limited in extent as well as in intensity of the attack. After the effects of this combination of medicaments are experienced, the time is ripe for the employment of arterial sedatives. The tincture of aconite root in doses of one or two drops every hour or two for a limited time is usually preferable to tincture of veratrum viride, but neither of these should be continued to the stage of red hepatization.

But while these remedies are valuable, we should not in my opinion lose sight of the great value of an active mercurial cathartic, such as a combination of calomel, ipecac and soda. The dose of calomel should vary from two to four grains usually. Ipecac is a splendid adjuvant to calomel, and soda has a decided and successful effect in preventing the intestinal discomfort which often accompanies the exhibition of calomel alone. In addition, soda almost always checks the tendency toward salivation, which may be present in some individuals. However, in six or eight hours a saline cathartic is of value.

As an arterial sedative like aconite is useful only during a limited period, quinine, which we have mentioned above, should be continued, usually, through the whole course of the disease. Since pneumonia occurs in a majority of instanees in malarial regions, it may not be illogical to conclude that the malarial germ and the germ of pneumonia, if such there be, may be in some manner related.

There has been a great tendency recently among medical thinkers and observers toward the conclusion that pneumonia is a specific disease; that it is as much so as diphtheria or scarlatina. But be that as it may, clinical experience and observation demonstrate the great utility of quinine in this disease. Not only is it valuable for reduciug temperature but it seems to act beneficially on the disease process itself. It should be given in large doses at regular intervals.

Hypodermic injections of from $\frac{1}{8}$ to $\frac{1}{6}$ grains of the muriate of pilocarpine, administered at the inception of the disease, when the patient is first seen, is often conclusive of excellent results, but I believe it should be used only in selected cases, because the heart is usually depressed enough. Notwithstanding the fact that pilocarpine in decided doses always produces cardiac depression, the good it does by relieving blood pressure offsets this evil to a great extent and the heart, as a rule, is not so depressed at first but that it has time to recover from this condition, before the time, when its greatest energies are required. But as I have remarked before, it should be used only in selected cases. If there is any reason for blood letting at all in the present state of our knowledge, it seems to me that this is one of the few diseases in which it may occasionally be used to advantage. The patient should be robust and full-blooded; this treatment being applicable at the time, when the venous system is distended and the arterial system is anæmic. By reducing the over distention veins, the compensation of the heart is, in great measure, restored. This was the teaching of Professor Gross and while many deprecate the fact that blood-letting is ever employed, yet in the class of cases referred to, I cannot help but think that the conclusion is a logical one, drawn from physiological and practical data. In speaking of the local applications and mechanical appliances, which are used to combat this disease externally, the mustard plaster first suggests itself, to the mind of every physician. One should be used at the commencement of the inflammation and should be continuously applied until its stimulating effect on the vaso-motor system is fully realized. Usually it is not necessary to blister the parts; by the mixture of the whites of eggs with the mustard, this result is avoided and yet the blood vessels are contracted within the area of inflammation very efficaciously.

I regard it good treatment to employ cataplasms of mush or other material, following the mustard plaster or poultice, providing they contain the requisite amount of heat and moisture. They are of greatest value, when the lung vesicles are filling up with the exudation; at this particular time, also we should not forget the value of the salts of ammonia, for by their use the exudate is rendered less tough and viscid. When we wish to use poultices of mush and the patient has such pain,

that a heavy poultice increases it, we may use with advantage a device, suggested first, I believe, by Dr. T. W. Shastid of Illinois. This a small wire screen of large mesh, which is placed over the patients chest and supported appropriately on each side of the body. The heavy poultice is then placed on this, by which procedure the pressure is entirely removed from the patient and additional pain obviated, and yet the excellent effect of heat and mosture is fully gained.

The air of the apartment should be perfectly pure by good ventilation and steam should be liberated therein constantly.

After there is coagulation of the exudation and consequent solidification in the inflamed area, (the period of red hepatization) our treatment should be mainly expectant; our efforts being directed toward supporting the patient in order that he may pass safely through the crisis of the disease, which takes place generally between the sixth and tenth day.

All through the course of the disease, the patient should be given an easily digested and highly nutritious diet. Stimulants should be given as soon as the heart gives evidence of its need of support and this stimulation should especially be pushed in the case of inebriates and at the time of crisis. It does most good at the time of crisis because the vital powers need it most then and by carefully husbanding the resources at this critical period, a patient is frequently brought through who otherwise would perish. Ammonia salts are so frequently used in the disease that to speak of their peculiar virtues is useless. Suffice it to say, they occupy a therapeutic sphere in this disease, that has not been touched upon, so far, by other remedies. They possess the double function of stimulating the heart and of promoting healing by their specific action on the organs affected. In chronic cases of nonabsorption of inflammatory products, succeeding an acute attack, they may also be used with advantage; notably the iodide of ammonium. In cases characterized by very high temperature, the coal tar derivatives, if used at all, should be sparingly used. As a rule they do more harm than good.

We have the cold bath or cold sponging and quinine in large doses to control temperature; outside of these antikamnia in moderate doses has given me excellent results, but even this when the heart is weak should not often be used.

When there is a condition of prolonged wakefulness, sulphonal in 15 to 20 grain doses is, in my opinion, the hypnotic giving the best results; chloral being second, perhaps.

As pneumonia is self-limited, the physician should bear in mind not to give too active treatment or treatment that runs the least counter to nature's methods; a treatment that assists nature or that anticipates her every want as it arises, is the ideal one.

Diphtheritic Paralysis.

Read before the Republican Valley Medical Society, at Concordia, Kas., April 2, 1891.

BY W. F. SAWHILL, M. D., CONCORDIA, KAS.

Diphtheritic paralysis is one of the sequelæ of diphtheria coming on so quietly that we find it present unexpectedly. It is not in the grave form of diphtheria alone that it appears, but follows cases so slight that it may be the only means of diagnosis of the primary malady. Diphtheritic paralysis has not the same cause in every case, yet in the majority of cases we feel safe in attributing it to neuritis of the peripheral nerves, with perhaps some muscular change. Undoubtedly central changes are found. Examinations have shown the anterior and posterior roots of the nerves and the ganglia of the latter swollen and dark red caused by extravasation of blood. Dr. Kidd believes that diphtheritic muscular paralysis depends on anterior polio-myelitis; while others equally competent have not found the cord affected. As nearly every case ends in recovery the lesion must be peripheral in them. The peripheral nerves have been found altered in every case where examinations have been made. Jacobi is a firm believer in the peripheral origin of the paralysis. The motor system is the one usually affected. Diphtheritic paralysis while not very frequent, occurs sufficiently often and every practitioner has probably seen some form of it, mild or severe.

Its occurrence is variously estimated at from ten to sixty per cent. of the cases of the primary disease.

This is a wide difference, giving evidence that exact data are not at hand. Physicians will do well to expect it after every case, always hoping it may not come. It usually occurs between the ages of ten and thirty. The muscles of the soft palate are first affected. The nasal tone of the voice and the regurgitation of fluids when the patients swallows will indicate this. This generally occurs during the first or third week of convalescence, from the diphtheria, though sometimes it may appear before the primary disease has subsided or not till six or eight months after. Inspection shows the velum and uvula hanging in a flaccid condition, moving backward and forward during respiration. The paralysis may be unilateral or bilateral; when bilateral it is usually more pronounced on one side. In connection with this may be paralysis of the constrictors of the pharynx, of the depressor of the epiglottis rendering the act of deglutition dangerous to life. The muscles of the larynx are not generally involved, though, till the paralysis has become more general. Paralysis of these muscles does not interfere with respiration except on exertion. Paralysis of the posterior, crico-arytenoid alone interferes with respiration to such an extent that tracheotomy or intubation may be necessary. Paralysis of the superior laryngeal nerve causing an æsthesia, greatly aggravates the trouble, as particles of food may pass into the trachea, the patient being unconscious of it; and cause sudden death or traumatic pneumonia. Two cases of death from this cause were recorded in 1883, in a Paris journal. The paralysis may be limited to the soft palate and pharynx, or it may become general. The ciliary muscle loses its motility, it is difficult to read or distinguish near objects, this varies in degree. Optic neuritis has not been observed by examination. Diplopia, strabismus or ptosis may be present. Loss of power in the lower extremities next follows; here as elsewhere the disturbances of sensation usually precedes those of motion. Numbness, tingling, formication, and sometimes pain and hyperæsthesia are the first symptoms. Then follows muscular weakness and loss of motion; this may be partial or complete. Sometimes sensation is abolished without loss of motion. Patellar tendon reflex is generally absent. The muscles of the upper extremity are more rarely affected than those of the lower extremity; there may be marked ataxia, the patient not being able to hold an object in the hand. Among the rarer and last disturbances of motion is paralysis of the muscles of the trunk and neck, rendering it impossible to hold up the head without support or not being able to turn over in bed without assistance, and of the sphincters of the rectum and bladder, causing incontinence of fæces and urine. In rare instances the rectum or some portion of the intestine has been paralyzed causing obstinate constipation. The grave form of the paralysis is that of the diaphragm or heart. That of the diaphragm is not necessarily fatal provided the patient is quiet, making no unnecessary motion, doing nothing to excite the respiratory function; congestion of the lungs, bronchitis, or broncho-pneumonia supervening, death is almost certain. Paralysis of the heart causes death suddenly as a rule, sometimes the patient may be sitting up, in these cases the pulse is soft and feeble, usually slow; even as low as thirty beats per minute. The pulse is generally slow in all forms of diphtheritic paralysis. The above are the principal forms of the disease but no muscle is exempt.

Diphtheritic paralysis might be mistaken for tabes dorsalis, on account of absence of the knee jerk, or for progressive general paralysis because of the general paresis and feeble stammering speech. Strabismus, slow pulse, apathy and general weakness simulate a cerebral tumor or cerebral meningitis. The prognosis should be guarded. The great majority of cases will recover but paralysis of the heart or diaphragm or the entrance of a bolus of food into glottis may cause sudden death. In six or eight months the paralysis has generally disappeared. In rare instances the duration has been much longer. A case is recorded that lasted over nine years.

TREATMENT.

Much may be done to hasten recovery—strychnine, arsenic, iron, phosphoric acid, syrup hypophosphites and other tonics may be given internally. Locally, baths, massage and electricity, both the galvanic and faradic

current should be systematically employed. Some doubt the efficiency of electricity.

Case.—July 23, 1890, I was called five miles in the country, in consultation to see Mable C ——, single, age 18. I found the left tonsil much swollen and inflamed. At the request of the attending physician, I punctured the tonsil. There was a purulent discharge giving much relief. The following history was obtained: About two weeks previous she took diphtheria of rather a severe form. The deposits were confined to the tonsils and pharynx. The attending doctor had removed several large pieces of membrane. She was improving when the tonsilitis set in. June 26 I again saw the case. Temperature normal, throat painful; sprayed the throat and removed several pieces of loose membrane. Two days later I saw her, cleansed the throat, and found her improving but quite weak. August 7, 10 and 11, I saw her. Temperature normal, improving slowly, but nervous, restless, throat almost well, some nausea, stomach did not retain food or medicine well, slight nasal tone of voice. She however, gradually improved from this time on and was able to walk about the house some. August 27, a messenger came for me, stating she had something like a nervous chill and was quite weak. I found her confined to bed, marked nasal tone of voice, articulation indistinct, very nervous, restless, aching pains in the back and lower extremities, slight loss of motion in lower extremities. Dysphagia, water regurgitated through the nose when she attempted to swallow, but some water reached the stomach. The swelling and deposits on tonsils and pharynx had subsided. The uvula and soft palate were flaccid, some loss of vision, pain in back. August 28, the symptoms were about same as on the 27th. The case coming into my hands at the begining of the paralysis, Dr. Marcotte was called in consultation. We saw her August 29; she was still unable to swallow, except very small quantity of liquid nourishment. Paralysis of lower extremities progressing, unable to stand, some loss of sensation, emaciated. August 31, complete loss of power of deglutition, unable to swallow any fluids, temperature normal in morning, 101° in the evening. Sprayed the throat thoroughly with four per cent. solution of cocaine, and she attempted to swallow, but was unsuccessful, vision failed some, photophobia, diplopia, did not sleep well. The next day found her in about the same condition, except normal temperature. Gave rectal enema of egg and milk every four or five hours. The paralysis progressed for a few days until she was in the following condition: Complete loss of power to perform deglutition, soft palate and uvula flaccid, bilateral paralysis of the throat, but greater in left side, partial loss of vision, diplopia and marked photophobia, no strabismus; almost complete loss of motion in lower extremities, with disordered sensation, slight paralysis of muscles of upper extremities and of the muscles of the neck; unable to rise in bed, but could turn over and able to rinse her mouth with water; marked emaciation, pain in limbs and back and bowels part of the time. This condition continued for about two weeks, when slight improvement was noticed. She could sleep better. About this time a troublesome cough annoyed her and a few crepitant rales were detected in the lower portion of right lung, but this passed away in a few days. We could notice slight improvement from this time on. About October 2, she succeeded in swallowing some water. The next day she swallowed a small amount of liquid nourishment and after this she was able to take sufficient nourishment by the mouth. During the previous month she had to be lifted and moved about. Begun the rectal enema September 2, giving egg and milk for three days, but it was not absorbed very well, I then used the following: One tablespoonful of Reed and Carmick's powdered beef peptenoids. One tablespoonful of whisky and about four ounces of milk, mix and used as enema every five hours. This was well assimilated, nourished her and was continued without interruption except the whisky was sometimes omitted, every five hours, day and night, for twenty-nine days, making in all thirty-two days she was supported by enema, during this time she was unable to take any nourishment or water by the mouth. Do not believe she lost any in weight; the remarkable part is that she was so much emaciated when we began the enema and was

so well nourished. Once or twice I attempted to pass a tube into the stomach but it caused nausea and vomiting and so much dyspnœa that it was dangerous. Six grains of quinine were given in the enema, three times a day for a few days, when she had some fever. Thirst was allayed by rectal injections of one-half pint of water. The bowels were washed out with warm water every two or three days. She was not troubled by constipation and sufficient normal urine was passed. The pulse was about 130 at the beginning of the paralysis and did not get below 100. The power of deglutition was partially restored rather suddenly, massage and electricity both the galvanic and interrupted current were used but did not seem to do much good. Gave $\frac{1}{50}$ grain of strychnine, hypodermatically three times a day for about three weeks. Pain, nausea and vomiting were quieted by hypodermics of morphine and atropia. From the time she was able to swallow the improvement was gradual. Faradic electricity was used every day with some apparent benefit; iron, strychnine and hypophosphites were given. In about two months she was able to walk out of the house. Her eyes continued weak and nystagmus set in, this did not disappear for about three months. At the present time she has almost completely recovered, In this case I owe a great deal to the patient, a young lady of unusual intelligence, who was always willing to have every instruction complied with, and to her mother, who acted as nurse, for the faithful manner in which she performed the duties that none but an intelligent mother can.

South Kansas District Medical Society.

This society will meet at 10 A. M., in Wichita, May 13, 1891, and will hold an afternoon session, adjourning to attend the State Medical which meets at 8 P. M., of same date. Physicians expecting to attend the State Society, will miss a treat should they neglect to attend this meeting of the South Kansas.

Dr. McCracken is president and Dr. Whittecar is secretary, and both are in training to receive the brethren who will be royally entertained.

SOCIETY PROCEEDINGS.

Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in regular session Tuesday evening, April 7, 1891, at Lincoln post hall, with the president, Dr. T. W. Peers, presiding.

The following were present: Drs. Munn, R. E. McVey, Minney, McClintock, McGuire, Pelton, Lindsay, Fagaines, Stewart, Cannon, Magee, Cazier, O'Brien, Morgridge, Lewis, Sheldon, Green, Bailey, Righter and Ward.

The minutes of the last meeting being read and approved, under the head of application for membership the name of Dr. A. H. Hamilton, Auburn, Kas., Rush 1889, was proposed for membership and referred for action next meeting. Dr. J. P. Lewis asked for further time on his paper on "Albuminuria," granted.

Dr. M. B. Ward then read the only paper of the evening, subject, "Salpingitis—Indications for operating."

[For Dr. Ward's paper and the discussion following it, see pages 161 and following, in this issue.]

A committee of three, consisting of the president, vice president and secretary, was appointed to arrange for the entertainment of the Eastern District Medical Society, which meets here Tuesday evening April 14.

Program for next quarter, May—"Intestinal Diseases of Children in hot weather—causes and diagnosis," Dr. F. W. Bailey; "Treatment," Dr. M. R. Mitchell.

June—"The Microscope as a means of Diagnosis," Dr. W. A. Williamson.

"Treatment of Fractures of the Femur," Dr. S. E. Sheldon.

July—"Pathology of Apendicitis and Indications for an Early Operation," Dr.

"Technique of Operation and Propriety of Operating in Chronic Relapsing Apendicitis," Dr. R. Alexander.

Adjourned to meet May 5, 1891.

D. F. RODGERS, M. D.,
Secretary.

Republican Valley Medical Society.

The Republican Valley District Medical

Socity met in the office of Dr. McCasey, Concordia, Kas., April 2, 1891. Reading of the minutes and roll-call. Present—Drs. J. A. Jeannotte and Leslie, of Clyde, G. A. Low, of Randal, J. F. Brierly of Glasco, F. M. Dailey of Scottsville, J. E. Minney of Topeka, A. Letorneau, W. R. Priest, J. H. McCasey and F. L. Marcott of Concordia.

Dr. Low presented a patient for examination with the following history:

Angle Elliott, age 18, laborer. In lifting, two and one-half years ago he felt something give away or break in the muscles of his back. The doctor first examined him about one year ago and found a movable tumor about two inches in diameter, irregularly oval, at the junction of the spine of the scapula, with the internal border. The tumor was firm. In July, 1890, he again examined the tumor, which had increased in size and was attached. April 2, 1891, the tumor was irregular in outline and measured 6½ inches across and 11 inches in its long diameter. Extending from the seventh cervical vertebra downwards and averages two inches in thickness. There is fluctuation and the hypodermic syringe drew out a straw colored fluid. The tumor was the result of the injury, (probably sarcomatous) and letting fluid out and dress antiseptically was suggested.

The president Dr. Jeannotte read a paper on "The Duty of the Physician," which was discussed by Drs. Pigman and Sawhill. See paper on page 175.

Dr. Sawhill read a paper on "Diphtheritic Paralysis," which see in this number of the JOURNAL.

Dr. Low in the discussion favored the hypodermic injection of strychnia in weakened heart's action.

Dr. Leslie had fed a patient 124 days per rectum on Reed and Carnrick's beef peptonoids with excellent results.

Delegates to the American Medical Association, Drs. Dailey, Sawhill and Pigman.

Treasurer's bill $4.50 was allowed.

Officers elected for the ensuing year: President, Dr. Dailey, First Vice President, Dr. Marcott, Second Vice President, Dr. Lowe, Secretary, Dr. Leslie, Treasurer. Dr. McCasey. Place of meeting Concordia.

W. F. SAWHILL,
Secretary.

The Golden Belt District Medical Society

This society met in regular quarterly session at Topeka, Kas., April 9, 1891, for the annual election of officers, and mutual improvement of the profession, in the club rooms of the National hotel.

Meeting called to order at 4 o'clock P. M., president, P. Daugherty, M. D., in the chair.

The secretary called the roll and the following members were present: Drs. Kauffman, Dewees, W.S. Harvey, Winterbotham, Browne, Daugherty, Murphy, Z. T. Harvey, Boyce, Gunn, Garey, Curtis, Guibor, Wall, Magee and McClintock.

The minutes of last meeting were read and approved.

The treasurer made his report, showing balance on hand of $15.25. The report was accepted. The committee on election reported favorably on the application for membership of C. W. Lahmen of Ada, Wm. H. Righter, Topeka, and D. H. Painter, Council Grove, and the secretary instructed to cast the ballot for the society—16 votes.

On motion of Dr. Guibor the visiting physicians present from another State were unanimously elected to honorary membership viz.: Drs. Lanphear Bergher, Foster and Beattie, of Kansas City, Mo. A letter from Dr. L. R. King of Junction City, stated his inability to attend on account of sickness, therefore the "Report of a Case of Nymphomania, with Treatment," was not presented.

Dr. Garey of Wilsey, read a report of some cases of "Cystitis, with Treatment." It was referred to committee on publication without discussion.

Dr. Guibor reported verbally an interesting case of "Adenoid Vegetations" in a child, dwelling more especially on the necessity of recognizing this condition and instituting proper early treatment, than on special methods of removal.

Under discussion Dr. Foster complimented the report, and advocated curette as a measure of removal.

Dr. Guibor said the finger nail was as good an instrument as any for their removial in young children.

The afternoon program having been com-

pleted, Dr. Browne moved that a committee of three be appointed by the president, as a nominating committee, to select officers for the ensuing year, and present their report to the society for vote. Dr. Guibor amended the motion, by having one from each county appointed. The amendment was accepted, and Dr. Browne from Salina, Dr. Magee from Shawnee, Dr. Kauffman from Dickinson, Dr. Murphy from Ottawa, Dr. Daugherty from Geary, and Dr. Harvey from Morris, were selected as a nominating committee.

After consultation they presented the following report, to-wit:

President, Dr. W. B. Dewees, Salina.

First Vice President, Dr. Z. T. Harvey, Council Grove.

Second Vice President, Dr. F. N. Gunn, Chapman.

Secretary, Dr. F. B. Browne, Salina.

Treasurer, Dr. E. Kauffman, Abilene.

The report was accepted and committee discharged.

On motion the society now adjourned to meet in Lincoln Post hall at 7:30 o'clock.

Evening session held in Lincoln Post hall. Meeting called to order promptly at 7:30 o'clock by the president.

On motion of Dr. Guibor, all visiting physicians were invited to take part in the discussion.

Dr. Dewees offered some resolutions with regard to the proposed change of the home of the *Journal of the American Medical Association*. The import of this resolution was that no change should be made, and that the delegates from this society to the next meeting of the American Medical Association be instructed to vote against its removal.

On motion these resolutions were accepted and filed with the secretary.

The interesting scene of some recent improvements in intestinal surgery with demonstration upon dog, by Dr. Lanphear of Kansas City, was now enacted. His operation upon a chloroformed dog was nicely done, showing how intestinal anastomosis can be successfully performed without Senn's plates or Brokaw's rubber rings. The method so simple and the armamentarium needed so small, that any physician is always prepared to perform it. Under discussion Dr. Cordier spoke in favor of Senn's plates, and Dr. Ward favored Brokaw's rubber tubing. He, Dr. Ward had performed successfully Brokaw's operation, a few days ago, and to-day did a second operation, removing the first for a specimen. He exhibited the specimen.

In the discussion of Dr. Lanphear's operation, Dr. M. B. Ward thanked the operator for doing the operation in the presence of the society, and thought in some respects the operation was feasible, but was of the opinion that on some accounts the operation was not what the author claimed. In the first place there is too much tissue removed, causing a narrowing of the lumen, which will obliterate the intestinal opening from the inflammatory product natural to these operations. Traumatism is another danger in this operation. The doctor thought operations on dogs should be done with as much care, as operations on human life. Careless work in any direction begets slothful surgery. The operation which has been done by Prof. Robinson of Toledo, Ohio,—an improved circular enterororrhaphy—presents many points of vantage over the various methods of latent anastomosis.

Dr. W—— reported having done the operation twice on the same dog. The first operation was done eleven days ago, and the second operation was done the afternoon of that day,

The primary operation was done exactly as recommended by Prof. Robinson. The dog made a rapid recovery. The second operation was done to obtain the united portion of the intestine, and seven inches of the gut were removed, and the ends again united as before. The specimen was presented and showed that the operation was well done, and the results perfect. The dog recovered from the second operation.

Dr. Lanphear in closing said that we dealt with facts and not with theories. He had performed this several times successfully, even performed a successful gastro-jejunotomy after this manner.

A vote of thanks was tendered Dr. Lanphear for his successful operation and demonstration.

"Phimosis, Local and Remote Results," was

the subject of the next paper, by Dr. Cordier of McPherson. The subject was well handled, showing the many different phenomena experienced in, a contracted prepuce. He advocates circumcision as the best treatment.

Under discussion Dr. Beattie complimented the paper, but was opposed to the operation of circumcision, as being usually unnecessary. His method was to just slit up the foreskin to the corona, more easy to do, and in his hands with equally good results.

Dr. Adams of Kansas City, now presented his paper entitled "Peri-Uterine Inflammation." The subject was thoroughly gone over, and he advocated more conservatism in surgical procedure, citing cases that he had treated successfully by medicinal agents and supports.

In discussing the paper Dr. Ward said the paper was instructive and in some respects the conclusions of the author were correct. Where inflammatory exudation had bound the appendages and uterus in abnormal positions, he did not think it possible to break up the adhesions, replace the retroverted uterus, and cure the patients as described by the author. Thought it quite likely the author was mistaken in his diagnosis of some of the cases he had reported as cured by medication and pessaries. The rule is that cases are treated by uterine tinkering until it is quite too late to relieve by any method.

Under discussion Dr. Beattie favored surgical measures, not having much faith in medicinal agents.

Dr. Adams in closing said that he was careful to select his cases, and thought that too much surgery was done at the present time.

Volunteer papers being called for, Dr. Berger of Kansas City presented an excellent one on "The Use of the Obstetric Forceps," and Dr. Hal Foster of Kansas City, reported a case of "Submucous Hæmorrhage of the Larynx" with its treatment, which was successful.

Owing to the lateness of the hour the president's annual address was read by title, subject, "The Pathology, Etiology and Koch's Treatment of Tuberculosis".

The retiring president now introduced his successor Dr. Dewees, who thanked the society for the honor bestowed. After which he appointed the following standing committees for the ensuing year:

On Publication—Drs. F. B. Browne, G. A. Wall and R. S. Magee.

On Ethics—Drs. C. H. Guibor, J. W. Crowly and P. Daugherty.

Executive committee—Drs. L. H. Murphy, E. E. Hazlett and J. N. Ketchersid.

By invitation of Dr. Daugherty, Junction City was selected as the place of the next meeting.

On motion the secretary was instructed to select delegates to the meetings of the American Medical Association, and Kansas State Medical Society, entitled to 4 to the first and 8 to the second above named organizations. Drs. P. Daugherty, J. W. Felty, Z. T. Harvey and J. A. Whiting, to the American Medical Association, and Drs. P. Daugherty, W. P. Dewees, T. N. Gunn, E. Kauffman, J. N. Ketchersid, A. L. Blesh, J. H. Garey and L. H. Murphy, to the Kansas State Society.

On motion of Dr. Gunn a vote of thanks was extended to the Topeka physicians for their courtesy and hospitality.

The society now adjourned.

F. B. BROWNE, Sec'y.

Eastern Kansas Medical Society.

The Eastern Kansas District Medical Society convened in Lincoln Post hall, Topeka, April 14, 1891, at 8 P. M., President, Dr. M. B. Ward, in the chair. In the absence of Dr. W. D. Bidwell, Dr. R. S. Magee of Topeka, was appointed secretary *pro tem.*

Members present.—Drs. W. L. Schenck, G. L. Limmer, W. S. Lindsay, M. H. Cazier, S. G. Stewart, M. R. Mitchell, J. C. McClintock, D. R. Pelton, J. E. Minney, L. H. Munn, R.E. McVey, W. E. McVey, Reid Alexander, M. B. Ward, R. S. Magee, W. H. Righter, J. W. Donaldson, C. C. Bradley, H. K. Teft, C. C. Green, S. E. Sheldon, G. A. Wall, Theo. W. Peers and D. F. Rodgers of Topeka; W. S. Pickard of Burlingame, L. L. Terwilliger of Lansing, I. N. Burdick of Carbondale, E. B. Shaw of Osage City, J. Punton and Geo. M. Gray of Kansas City.

Visiting physicians.—Drs. H. M. Fagaines,

A. C. Davis, H. T. McLaughlin, A. L. Hamilton of Auburn; Messrs. Howard Wood and Arthur Capper, *Daily Capital* correspondent, and Hon. Chas. S. Gleed.

New members.—Drs. J. H. Brown of Wetmore Medical College of Ohio class of '85; J. B. Hibben, Topeka, University of New York, '77; T. M. Zane, Osage City, Missouri Medical College, '77; Dr. M. O'Brien, Topeka, Long Island Medical, '71; A. B. McCandless of Holton; J. H. Cannon, Missouri Medical college, '81.

Board of censors acting were Drs. G. A. Wall, J. C. McClintock and L. L. Terwilliger.

Treasurer Dr. L. L. Terwilliger's report showed a balance of $6.00.

President Dr. M. B. Ward, introduced the following resolution which was unanimously adopted by the society, viz.:

Resolved, That the By-Laws be so changed that the name of the society shall be "The Eastern Kansas Medical Society," and the active membership may consist of physicians within the State instead of the present restriction.

Dr. M. B. Ward the retiring president, then read the annual address entitled, "The Physician as a Citizen," which see June No. of the JOURNAL. It was very heartily received. He outlined the work of the society during the past year. The meetings have been large, more interesting than of any previous year. In speaking of the Physician as a Citizen, he must be cheerful, punctual, possess individuality, self-reliant, always prepared, thorough, enthusiastic, and above all be truthful though it may burst the pocket; with strict observance of his social and religious standing in the community.

The next paper was read by Dr. Edwin B. Shaw of Osage City, entitled, "A Case of Picrotoxin Poisoning, with Remarks."

Dr. W. S. Lindsay opened the discussion by saying that the use of cocculus indicus is quite limited. Has had no experience with it. The plant is quite valuable to brewers, used by them to increase the bitterness of lager beer. Think it is always well to have a record of these cases of poisoning by these poisonous drugs that we may be on our guard.

Dr. M. H. Cazier then read a paper on the "Legal Rights and Remedies of the Expert Witness." See June number.

Hon. Chas. S. Gleed led the discussion, followed by Drs. Schenck, McClintock, L. H. Munn, Righter, Gray, Punton, McCandless, Lindsay, Minney, Pelton, Rodgers, R. E. McVey and L. L. Terwilliger.

A unanimous vote of thanks was extended to Hon. Chas. S. Gleed for his discussion.

Nominating committee, consisting of Drs. Schenck, I. N. Burdick and W. S. Pickard, made the following nominations for the ensuing year: President, L. L. Terwilliger, Lansing; Vice President, L. H. Munn, Topeka; Secrecary, R. S. Magee, Topeka; Treasurer, Geo. M. Gray, Kansas City. Kas.

President and Secretary were directed to appoint three delegates to the Kansas Pharmaceutical Association, which meets at Ottawa, June 2, 1891.

Dr. J. E. Minney moved that Topeka be the next place of meeting. Adopted.

On motion of Dr. J. C. McClintock it was moved that the Summer meeting be held on the 2nd Tuesday of June to avoid July's scorching heat. Amended by Dr. Terwiliger to 2d Monday, on account of Wednesday being pension examining day, and members were unable to get home in time when meetings were held on Tuesday. It was so amended.

Dr. Theo. W. Peers president of the Topeka Academy of Medicine and Surgery, invited the society to adjourn to Fieber's restaurant where a toothsome lunch was in readiness. It was accepted and all did justice to the bountiful supply.

Society adjourned to meet in Topeka, Monday, June 8, 1891.

R. S. MAGEE, M. D., Sec'y.

[Discussion of papers will follow each paper as they appear in the KANSAS MEDICAL JOURNAL.—ED.]

Topeka Pathological Society.

On March 31 this society met at Dr. S. G. Stewart's office. Members present—Drs. Stewart, Morgridge, Pelton, Magee, W. E. McVey and Williamson.

Dr. Magee was appointed secretary *pro tem.*

In the absence of regular papers Dr. S. G. Stewart introduced the subject of the patho-

logical changes observed in syphilis. He gave a short history of the manner in which the tissues are attacked, viz.: after the admission of the poison into the system as it floats in the current of the blood, it comes in contact or lodges in the walls of the blood vessels. The poison is an irritant and we soon have the walls of the blood vessels dilated by a process, the exact nature of which we do not know. This continues until the vessel wall becomes thickened by what Dr. Porter of New York, calls a "Hyaline Metamorphosis. This hyaline metamorphosis causes a permanent thickening of the dilated arterioles and they become thickened tubes; the process continues and the lumen of the tube is often obliterated. In the beginning of the process the nutrition of the parts is much increased by the irritation of the syphilitic poison, this lowly organized hyaline material is rapidly formed, thickening the vessel walls, that the vessel no longer nourishes the parts to which it is distributed, then degeneration takes place. This process may take place very extensively or very limited. The resulting gumma may be minute, called milliary gumma, often called milliary tubercle, but when examined under the microscope, the thickened walls and the evidences of hyaline metamorphosis makes it quite easy to see the difference between tubercle and syphilis. This thickening of the blood vessels is peculiar to, and is characteristic of syphilis in any part of the body. The doctor showed specimens fully confirming the truth of the above statements.

Dr. Morgridge remarked that the gumma was a hyperplastic formation and not neoplastic or organized exudation. It is classified with tuberculosis and leprosy because of similarity in development—also lupus—but in lupus no interference of blood supply occurs.

Dr. Williamson asked if gumma was composed of the connective tissue corpuscle increased in numbers because of over nutrition, or is it an exuded corpuscle from the blood; in his opinion he favored the latter answer—exuded from the blood.

Dr. Stewart—The reason we get any benefit from the absorptive plan of treatment, is that it being a low organized tissue is easily melted and absorbed by the iodide of potash. If absorbents are to be of any service they must be given while the hyperplastic exudation is soft, before it contracts and forms the capsule of cicatricial tissue.

Dr. Morgridge—The gumma itself is not absorbed, simply the mass of hyperplastic tissue is absorbed surrounding it. If you get absorption it must be before encapsulation. In the liver the gumma can be shot from the capsules like peas. If circulation is cut off from them because of pressure, they soon lose their identity and form pus or cheesy degeneration.

Dr. Pelton—Syphilitic changes are more liable to cause or produce thrombi than any other cause, more prolific, because of degenerative changes in the arterial walls.

Dr. Stewart said that this syphilitic degeneration of arteries was not liable to produce thrombi as atheroma. But was more liable to cut off the flow by the swelling of the coats and subsequent narrowing of the lumen of the blood vessels. Related a case of child in utero, dead, which showed the thickened blood vessels. This led to the question, how is syphilis transmitted? which was discussed at length by all present.

Adjourned for three weeks on account of the City Medical Society and Eastern Kansas, which meets on the 7th and 14th respectively.

Training for Railroad Employes.

In an article published last year we pressed the importance of some preliminary training for those employed on railroads, not simply in their several duties, that accidents might be avoided, but that knowledge might be imparted to those employed on the road that might save the lives of the injured: For example, a large artery in a limb is severed and before skilled surgical aid can be reached the hemorrhage is fatal. How long would it take to teach the most ignorant employe how to prevent such a result with a strong rubber bandage? The record of 1890, in the United States, 2,000 deaths and 20,000 injuries, emphasize the importance of providing all trains with a few simple appliances and instruction in their use.

THE Germans are not favorable to intubation of the larynx in diphtheria.

Kansas Medical Journal.

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TOPEKA, KANSAS, MAY, 1891.

DR. W. E. MCVEY, our former business manager, has taken full charge of the JOURNAL, and will hereafter publish it upon his own account. All subscriptions, advertising contracts, &c., should be sent to him direct. The editorial staff will remain the same.

The Missouri Medical Practice Act.

The brethren in St. Louis are at it again, this time in the newspaper press. One school desires a three years' course as a pre-requisite to graduation, and practice in the State, another is full of sympathy for the smart, impecunious young man who can cover the field of medicine in two years. It reminds us of an old Teutonic doctor, half doctor, half preacher, who once said, "That old Reglar he youst schtudies all the time, but my nephew, he is so schmart he goes to the Lectic college and comes home in youst one winter mit a cheap-skin (sheep-skin.)"

A little of the medicine Dr. Jos. N. McDowell administered to a gentleman who many years ago sought to advertise his school at a meeting of the American Medical Association at Louisville, Ky., might apply at his home. The gentleman deplored the excessive charges made by many schools, said they kept bright, but poor young men, out of the profession, that his school only charged —— dollars. McDowell replied that experience had taught him that a thing brought about what it was worth in the market. That the Medical College of Missouri charged for the education it gave and could point to many illustrious men who were doing honor to its teaching. If the —— cheap concern of Dr. ——, had a single graduate who was an honor to the profession he challenged him to point him out.

There are many smart young men and smart young colleges, but the world moves and it is too late for them to denounce those who keep step with its movement as "old fogies." While we all know that the time spent in study or pretended study, is not an accurate measure of the knowledge acquired; we know also that the broad field of medicine cannot be garnered in a day. Every intelligent practitioner, as he looks back over his life, feels that two courses of lectures, when surgery and practice were taught before he had leared anatomy, physiology and threrapeutics, even though preceded by one year as "roustabout" in the office of a physician, was a poor preparation for the grave duties of a practitioner, and comprehends that a longer course of graded study is of supreme importance.

We think there can be only one opinion by intelligent physicians and laymen of the doctors who defeated the three years' course in the Missouri legislsture, without securing the passage of a bill providing for a board of examiners, which was their pretended ground of opposition.

The South Kansas Medical Society.

This society meets at 10 A. M., Wednesday, May 13, in Wichita, and the members of the State society are expected to take part in the exercises. It will be practically a joint meeting, although the secretaries thought best to have the program separate which was a good idea. Physicians who miss this meeting will deprive themselves of a rare medical treat. There will also be an afternoon session.

LITTLE THINGS.

READ the program of the State Medical Society.

DR. SMITH of Wamego, called on the JOURNAL scribe last month.

DR. BACON and family of McPherson, Kas., have moved to Denver, Col.

DR. A. J. HARRIS of Osborne, made the capital city a visit last month.

A TALENT may be developed in the cloister; character can only be perfected in the world.

DR. SENN has been elected senior professor of surgery in the Rush Medical College, Chicago.

DR. W. R. WALLACE has removed from 1112 Polk street to Oakland, retaining his down-town office.

DR. EDWARD A. AYERS has been elected to the professorship of obstetrics in the New York Polyclinic.

IT is said that New York has over 1,000 millionaires, London 600, Paris 500, Berlin 200 and Vienna 100.

DR. A. S. ANDREWS of Washington, Kas. has gone to Charring-Cross hospital, London, to take a special course.

THE learned call uniformity in any part of the universe natural science; the good call it the truthfulness and fidelity of God.

Dr. A. LETOURNEAU, one of Concordia's leading physicians, will remove to Alpena, Michigan, and enter the employ of a company as surgeon and physician.

IN Liverpool over 15,000 persons were arrested for being drunk and disorderly, last year, while at 110 inquests the verdict was "excessive drinking."

DR. DRYSDALE says statistics prove that the temperate at 20 years of age have an expectation of 44 years, while with the intemperate it is only 15 years.

MR. ROBINSON of the firm of Swift & Holliday, had a nice display of surgical instruments in the parlors of the G.A.R. hall at the meeting of the Golden Belt District Medical Society, April 9, 1891.

IT is said that sailors and all persons living an out-door life, and animals living a savage life are hypermetropic; while animals placed in bondage quite young and children confined in seminaries are myopic.

DR. W. W. COCHRANE of Atchison, Kas., was a Topeka caller last month. The doctor is one of the old time physicians of Kansas. He was treasurer of the Kansas State Medical Society for seventeen years.

TREATMENT OF EPISTAXIS.—In the *Archives of Surgery*, Mr. Jonathan Hutchinson says, he has never failed in stopping nose bleed by plunging the patient's feet and hands in as hot water as can be endured.

THE *Maritine Medical News* is a nice little journal of 18 pages of reading matter and six pages of inserts. The inserts kill the interest in the other reading matter and reminds one in reading the journal of an almanac.

THE New York *Medical Record* misinforms the medical public when it states that the Kansas Medical College graduted a class of twenty-three. For 1890 and 1891 was the first year of the college and there were twenty-three matriculates, none graduated.

HENRY C. LEA of Philadelphia, has given $50,000 for a hygienic laboratory, museum, library, bacteriological and photographic rooms, crematory, etc., to the University of Pennsylvania. This interest in public health is worthy of commendation and imitation.

THE prospect of a large attendance and an interesting, enthusiastic meeting of the State Medical Society grows brighter every day. The State Medical Society of Missouri, has postponed its meeting that its members may attend. Wichita. in the language of the poet, "Always gets there."

LORD BACON said, "As the baggage is to an army so is riches to virtue; it cannot be spared or left behind, but it hindereth the march, yea and the care of it sometimes looseth or disturbeth the victory. Virtue and victory should crown the average physician.

DRS. PEERS and Rodgers as president and secretary of the Topeka Academy of Medicine and Surgery, are keeping up the reputation of the society. The last meeting was the most enjoyable and profitable meeting of the season. Read Dr. Ward's paper and see the kind of menu he sets up.

Donations for Medical Education.

Some very worthy women, with Mrs. Pres. Harrison at their head, are attempting to raise $500,000 to endow a medical department at John Hopkin's University. We wish them success, but wish the effort was being made for the great university, which we hope to establish here in Washington, and which the Methodist people are trying hard to start. It is to be national in character and therefore every one can go into it with enthusiasm. Put these things at the Capitol rather than at a neighboring city, whose local pride and wealth should make them look out for these things for themselves.—*The Home Magazine.*

We too wish them success, both at John Hopkins and Washington, but we wish effort was being made for the great university which we hope to establish here in Topeka, and which the Methodist people are trying hard to start. It is to be national"—Kansas is a nation—"and therefore every one can go into it with enthusiasm." During the past few years many noble donations have been made in the east to aid in educating those who are to take charge of the health of the people. Who will follow their example in the West?

The following is the program for the South Kansas Medical Society, which meets in Wichita, Kas., May 13, 1891, at 10 A. M.:

PROGRAMME.

—:o:—

1. "Irritable Heart, Causes and Treatment,"
   JEFFREY MARTIN, M. D., Marion.
2. "Connective Tissue,"
   J. S. FOOTE, M. D., Wichita.
3. "The Uric Acid Disease, with Report of a Case,"
   V. E. LAWRENCE, M. D., Halstead, Ks.
4. "Leukæmia, with Report of Cases,"
   O. J. FURST, M. D., Peabody.
5. "Dysmenorrhœa, Causes and Treatment,"
   J. W. FELTY, M. D., Abilene.
6. "Treatment of Malarial Fever,"
   M. W. CAVE, M. D., Oatville.

J. W. MCCRACKEN, M. D., Pres.

O. B. WHITTECAR, M. D., Sec'y

The Joint Meeting of 1891.

"In the spring the young man's fancy lightly turns to thoughts of love." In the spring the physician's fancy intensely turns toward some good medical meeting, where a continuation of social and scientific interests divert the mind for a brief period from the burdens of routine life. Medicine becomes tiresome if followed too closely, and a respite often animates the drooping spirit and elevates one's conception of the high calling which he has chosen. Let us hope that as the birds return, the flowers bloom, the skies become clearer, the sun brighter, the atmosphere warmer and nature more lovely—the solemn visage of la grippe may depart from the plains of Kansas and offer a glorious opportunity to the physicians to attend the united meeting of the Kansas State and South Kansas Medical Society, which convenes at Wichita, May 13 to 16, 1891.

The committee of arrangements are putting forth every effort to make a grand success of the coming convention. Our papers are good, our exhibit will be fine, and to the scientific interests will be added a slight diversion in the form of a banquet to be given on Friday evening, May 15. The physicians of Wichita extend a most cordial invitation to their old friends of both societies and to the physicians of the State whose interests are our interests, we want you all to come; come and join the gay circle and let us all with one united effort make the silent old plains of this great State forget their solitude, and call upon the stars to respond their echo. "Two souls with but a single thought, two hearts that beat as one,"—let this be our motto and the beauty of harmony, the strength of unity and the results of both will lull us to sleep "as we go rolling home." Come! Come!! Come!!!

PHYSICIANS OF WICHITA.

RESULT OF KOCH'S TREATMENT.—According to the *British Medical Journal*, 708 cases have been treated in external tuberculosis, 15 cured, 148 substantially improved, 237 improved, 298 unimproved and 9 died.

DRS. PITT and Smith have inaugurated the dispensary nuisance in St. Joe, Mo., by opening one devoted to the eye and ear.—*Times and Register.*

Kansas State Medical Society.

The twenty-fifth annual meeting of the Kansas State Medical Society will be held at Wichita, May 13 to 16, 1891.

PROGRAMME—WEDNESDAY, 8 P. M.

Usual order of Business.
Report of Committee of Arrangements.
Address of President, J. E. Minney, A. M., M. D., "Water as a Therapeutic Agent."

SECTION ON SURGERY.

1. "Address by the President," Dr. A. H. Cordier, McPherson.
2. "Localization of Brain Function," with especial reference to surgery, Dr. D. R. Pelton, Topeka.
3. "Surgical Bacteriology," Dr. Jas. A. Lane, Leavenworth
4. "Genito-Urinary Surgery," Dr. S. M. Bibbee, Wichita.
5. "The Treatment of Hemorrhoids," by the injection method, Dr. S. G. Gant, Kansas City, Mo.
6. "Prostato-Cystitis," a case, urethrotomy and drainage, Dr. L. D. Jacobs, Emporia.
7. "Surgical Treatment of Strangulated Hernia," Dr. J. T. Axtell, Newton.
8. "Surgical Relief of Retention of Urine Both from Organic and Spasmodic Obstruction," Dr. L. D. Reynolds, Horton.
9. "Some Surgical Cases," Dr. H. Z. Gill, Eldorado.
10. "A Case of Ovariotomy," Dr. J. T. Scott, Holton.
11. "Osteomyelitis," by G. C. Purdue, M. D,. Wichita.
12. "Some Points in the Management of Railroad Injuries of the Hand," Dr. W. A. Phillips, Salina.
13. "Spinal Surgery, with cases," by Dr. J. C. McClintock, Topeka.
14. "A Case of Empyema and the Surgery," Dr. C. A. McGuire, Topeka.
15. "Shock and Collapse," by Dr. J. B. Hibben, Topeka.
16. "The Technique and Management of Pelvic Surgical Cases, by Dr. A. Brokaw, St. Louis, Mo.
17. A Paper by Dr. Hunter McGuire, Richmond, Va.
18. "Surgical Pathology," Dr. W. H. Birchmore, Rochester, N. Y.

A. H. CORDIER, M. D., President.
L. H. MUNN, M. D., Secretary.

SECTION ON GYNECOLOGY.

1. Address by the Chairman, Dr. M.B. Ward, Topeka.
2. "Menstruation—Is it a Physiological or Pathological Process," Dr.H.S. Roberts, Manhattan.
3. "Restoration and Repair of the Perineum," Dr. J. E. Oldham, Wichita.
4. "Ectopic Pregnancy"—Report of a Case—Dr. J. C. McClintock, Topeka.
5. "The Removal of Diseased Ovaries, with cases," by Dr. W. P. King, Kansas City, Missouri.
6. "Vaginal Hysterectomy," Prof. E. E. Montgomery, Philadelphia, Pa.
7. "The Puerperal and Pyemic Processes," Dr. W. B. Dewees, Salina.
8. "Placenta in Abortion," Dr. L. J. Warren, Clay Center.
9. "The Porro Operation, Indications and Results," Dr. Joseph Price, Philadelphia.
10. "Uterine Medication," Dr. L. J. Lyman, Manhattan.
11. "Granulations of The Os," Dr.P.Daugherty, Junction City.
12. "Blood Changes in Pregnancy," Dr. M. R. Mitchell, Topeka.
13. "Operation on the Cervix," Dr. W. R. Priest, Concordia.
14. "Management of Uterine Displacements," by T. J. Beattie, Kansas City, Mo.

M. B. WARD, M. D., Pres.
A. H. FABRIQUE, M. D., Sec.

SECTION ON OPHTHALMOLOGY, OTOLOGY AND RHINOLOGY.

1. Address—By the Chairman, Dr. D. F. Longenecker, Emporia.
2. "The Importance of the early Diagnosis and Treatment of Hypertrophic Rhinitis," Dr. F. M. Daily, Scottsville. Discussion Opened by Dr. W. E. McVey, Topeka.

3. "Acute and Chronic Purulent Inflammation of the Middle Ear Tract and their Complications," Dr. C. M. Holcomb, Winfield. Discussion opened by Dr. Grant Cullimore, Atchison.
4. "Some Phases of Ametropia," Dr. Flavel B. Tiffany, Kansas City, Mo. Discussion opened by Dr. J. E. Minney, Topeka.
5. "Report of a Case in Practice," Dr. C. H. Guibor, Topeka.
6. "Report of Deafness among Children," Dr. Grant Cullimore, Atchison. Discussion opened by Dr. C. W. Holcomb, Winfield.
7. "Nasal and Pharyngeal Medication, or what to apply and how to apply it," Dr. W. E. McVey, Topeka. Discussion opened by Dr. Hal Foster, Kansas City, Missouri.
8. "Transplantation in Minor Degrees of Entropion," Dr. J. E. Minney, Topeka. Discussion opened by Dr. F. B. Tiffany, Kansas City, Mo.
9. "Hypertrophy of the Pharyngeal Tonsil," Dr. F. B. Browne, Salina. Discussion opened by F. M. Daily, Scottsville.
10. "The Etiology of Nasal Catarrh with special reference to the Deviated Septum," Dr. Hal Foster, Kansas City, Mo. Discussion opened by Dr. C. H. Guibor, Topeka.
11. "Astigmatism," Dr. C. Klippel, Hutchinson.
13. "Heterophoria," by B. E. Fryer, M, D., Kansas City, Mo. Discussion opened by E. E. Hazlett, M. D., Abilene, Kansas.

Dr. D. F. LONGENECKER, Pres.
G. A. WALL, M. D., Secretary.

SECTION OF MEDICINE.

1. "Bronchitis," Dr. Theo. W. Peers, Topeka.
2. "Erysipelas," Dr. J. A. Jeannotte, Clyde.
3. "Spinal Irritation" with cases, Dr. J. W. McCracken, Sterling.
4. "Hodgkin's Disease" with report of three cases, Dr. A. Leigh, Hiawatha.
5. "Hysteria" with report of case, Dr. H. D. Hill, Augusta.

L. A. BUCK, M. D., President.
C. KLIPPEL, M. D., Sec'y.

RAILROAD RATES.

THE TRANS-MISSOURI PASS'N. ASS'N.
OFFICE OF THE CHAIRMAN,
KANSAS CITY, MO., April 1, 1891.

W. S. Lindsay, Esq,, Secretary Kansas State Medical Society, Topeka, Kansas.

DEAR SIR.—In regard to your application for reduction in fares in favor of persons attending the Annual Meeting of the Kansas State Medical Society, to be held inWichita, Kansas, May 13 to 16, 1891, I take pleasure in informing you that the rate of one fare and one-third for the round trip, upon the certificate plan, from points in Kansas, from Kansas City, Mo., and from points in Indian Territory within the jurisdiction of this Association has been agreed upon. * *

Certificates to be signed by W. S. Lindsay, Secretary, Topeka, Kas.

The reduction will not be granted and the *certificates should not be signed unless* there are at least 100 *people holding certificates* in attendance by rail, from outside points.

On the certificate plan, in use on most of the railroads in the territory of this association, the passenger pays full fare in going to the meeting, and secures a certificate (or receipt) therefor from the ticket agent, by request, at the time of purchase, and this certificate (or receipt), when countersigned by the proper official at the meeting, becomes authority for the sale of a return ticket over the same road, between the same points, at one-third fare, thus making one fare and one-third for the round trip. When the journey is made over more than one line, it is frequently necessary for the passenger to purchase a separate local ticket and procure certificate thereof for each of the lines in his territory over which he travels in going to the meeting, as many of these lines do not honor the certificates of other lines. Passengers should therefore ascertain from the ticket agent what portion of the journey can be covered by the certificate procurable of him, and should purchase tickets and secure certificates as may be necessary.

Failure to procure or to present a certificate invalidates any claim for reduction in return fare.

The ticket purchased for going passage may either be unlimited or limited, according to the rate paid or regulations in effect on the line

over which it reads; but the return ticket sold at the reduced fare will, in all cases, be limited to continuous passage.

Certificates will not be honored for return tickets at reduced rates unless presented within three days after the date of adjournment of the meeting (Sunday not being accounted a day, nor will certificates be honored in cases where going tickets were purchased more than three days prior to the commencement of the meeting.

It is understood and conditioned that the Secretary or Clerk of the meeting, whose duty it is to countersign certificates, shall, within one week after the close of the meeting, transmit to the undersigned a statement upon the accompanying blank of the number of persons who shall have been in attendance, holding certificates issued by each or any of the roads named thereon. Yours truly,

JAMES SMITH,
Chairman.
J. E. MINNEY,
President.
W. S. LINDSAY,
Secretary.

Regular Physicians vs. Homœopathy.

"While the law prescribes no one absolute system of medicine, a practitioner is expected to practice according to the system he professes and avows; a departure from this system, if accompanied with some serious or fatal mistake of remedy, would render him justly amenable to a criminal charge. Hence, a regular practitioner, and one employed as such if he should surreptitiously, and without the patient's consent, use homœopathic or botanical treatment to the detriment of his patient, would clearly be liable for damages to the latter; and moreover, he could not recover his compensation for attendance, in a suit at law, because he had departed from his avowed system of practice. For the same reason, a homœopathic or botanical physician, practicing either of these systems avowedly, if he should have employed the regular system, instead of his own, and his patient fail to make a good recovery, would equally be held liable for damages, and would equally be exposed to a non-suit in any attempt to collect his fee, in a civil court."—*Reese' Medical Jurisprudence.*

Under this ruling how many sectarian physicians will be able to collect their bills? How many conform strictly to the tenets of their school? They must, under the law, not only fail to collect if harm results from their departure, but fail as well if they make a departure. The difference between them and the regular physician, is, that the latter is restrained by no iron-barred creed. His practice includes any agent in any dose. The judgment of the agent, its action and dose, guided by an intelligent consensus of scientific medical opinion is the only guide of the practitioner. He knows no agent as homœopathic or alopathic. He studies simply therapeutic action. He never says dogmatically "subdivision develops dynamic force;" "the thirtieth dilution is the proper dose, of any properly selected remedy, in all diseases, acute or chronic." He does not confine himself to vegetables or minerals, but uses any agent in any dose, whether found in "the heavens above, the earth beneath, or the waters under the earth," whether from the inorganic or organic world, if he can see why or how it can change a pathological to a physiological condition, looking upon all alike as the gift of the All Good.

American Medical Association.

To be held at Washington, D. C., May 5 to 8, 1891.

We take pleasure in announcing that arrangements have been made with the Baltimore & Ohio Railroad Company to carry delegates and members of the American Medical Association, their families and friends, who desire to attend the meeting of that association, to be held at Washington, D. C., May 5 to 8, 1891.

RATES.

The rate will be one and one-third fare for the round trip, *i. e.*, $17.50 Chicago to Washington and $5.70 returning, or a total of $23.20 Chicago to Washington and return.

SPECIAL TRAIN.

For the especial accommodation and use of delegates and their friends attending the meeting, the Baltimore & Ohio Railroad will run a

Special Limited Vestibuled Train of magnifient Pullman Sleepers and Dinning Car, which will leave the B. & O. depot, Lake front, foot of Monroe street, Chicago, Sunday, May 2, at 2:50 P. M., arriving in Washington the next afternoon. This train will cross the Allegheny mountains in daylight, thus affording passengers a view of the world-famous scenery. Stops will be made at scenic and historic points, including Cheat River, Cranberry Grade, Harper's Ferry, with John Brown's Fort, and Jefferson's Rock, Point of Rocks, and other notable places. The train will be accompanied through to Washington by a passenger agent of the company for the express purpose of carrying out all arrangements made for the comfort and pleasure of the passengers.

COMFORT.

Present indications point to the fact that there will be a large attendance at this meeting. In order to secure the greatest comfort for those who will sttend, it is desirable that information relative to those intending to take this train shall be known as early as possible.

SLEEPING CAR BERTHS.

Sleeping car accommodations will be reserved for all applicants by Mr. L. S. Allen, Assistant General Passenger Agent Baltimore & Ohio Railroad, Chicago. The sleeping car rate Chicago to Washington is $4.00 for each double berth. Parties desiring to do so can divide this expense by occupying the berth in company.

TICKETS.

Through railroad tickets can be purchased to Washington at the lowest first-class limited rate, at home office, or in Chicago at Baltimore & Ohio City Ticket Office, 194 Clark Street, and depot, Lake Front, foot of Monroe street.

CERTIFICATES.

Certificates should be signed, which. when filled up by agents from whom ticket to Washington is purchased, (whether at home office or in Chicago,) and signed by Dr. Wm. B. Atkinson, Secretary of the Association in Washington, will entitle purchasers to a ticket returning to Chicago at rate of $5.70, good for return passage leaving Washington until May 11.

REGULAR TRAINS.

Should it not be convenient for delegates to go on the special train, they can go a few days earlier or at any time during the meeting, by availing themselves of either of the regular vestibuled limited trains leaving Chicago daily at 10:10 A. M. and 2:55 P. M., arriving in Washington the next day at 11:50 A. M. and 4:35 P. M., respectively. Returning passengers can leave Washington 11:30 A. M. and 8:30 P. M., arriving in Chicago the next day at 11:30 A.M. and 8:30 P. M.

Although the American Medical Association is composed technically of delegates and permanent members, the privilege of attending is denied no doctor.

For further information call on or address, L. S. Allen, Assistant General Passenger Agent, B. & O. R. R., No. 505 Rookery Building, Chicago.

The Chimney-Pot Hat.

Men are want to boast that the strong-minded sex has divorced itself from the fickle goddess, and is no longer swayed by fashions that are distasteful, uncomfortable or injurious, that only women are obedient to her fitful, cruel whims. Men, forsooth, do as they like; they wear a mustache without whiskers or whiskers without a mustache, or both, or neither, and dress in all respects as their tastes, dictate. Vain boast! Does not even the doctor crown his person with a gloomy cylinder that binds his brows as like an iron band, holds a reservoir of hot air that scalds the hair from his scalp and burns into his very brain, that cannot be made æsthetic by other articles of dress, that in traveling requires a special box for its transportation and a brush for its exclusive use.

Omaha.

There are many places where mortals are supposed to be prepared to enter Heaven, but the place where they are fitted to enter the other Kingdom has just been discovered. Dr. Gailbraith of Omaha, reports to *The Journal of the American Medical Association*, a case in that city where the temperature of his

patient rose to 151° F., when he was compelled to have a new thermometer made, and all the while the woman's heart retained its accustomed quiet. We hope the doctor will continue his reports so that we may know how well our neighbors are prepared for the eternal burning.

A Novel Operation.

Chicago is a nice town and contains many excellent and honorable physicians and surgeons.

The order of Knight Templars, and we know whereof we testify, contains many good fellows, who do not seek to advertise their knightly courtesy through the public press.

How then was it heralded abroad that several hundred Sir Knights marched in solid phalanx to the sick room of a suffering brother, where they severally sacrificed a square inch of cuticle to repair his loss? As they had enjoined secrecy it would be interesting to know who published the "Novel Operation" of "A well known Chicago surgeon," whose glory was "as sounding brass and a tinkling cymbal," as it was soon announced that his prognosis was faulty, and his surgery a failure and that the grave had covered his wonderful piece of cuticular patchwork. Certainly the advertisement that went the rounds of the press did not honor scientific surgery or add to the dignity or glory of knighthood.

We once knew a little girl of five summers, who day after day stretched out her arm that the surgeon might remove, not a square inch, but a few cells from its cuticle and transplant them to the arm of a brother, who had had the skin and cellular tissue torn from his arm and shoulder by a railroad accident, and though the transplanted cells grew and spread until the brother's arm was covered with her skin, her sisterly heroism was never published to the world, and skin-grafting, legitimately performed, is so generally understood that the surgeon did not deem the case worth reporting, even in a legitimate way.

State Medical Society.

The prospect for a large attendance at the State meeting was never more encouraging. The program—see page 191 has never been as interesting in the history of the State. The chairman and secretaries in charge of the sections have done excellent work, and it looks like the suggestions of ex-president Green would be carried out in letter and spirit to the benefit of the society. Every physician should attend these State meetings and add his mite by his presence and suggestions.

A Kansas Firm and Home Institution.

A KANSAS MEDICAL JOURNAL reporter walked into the establishment of Swift & Holiday of our city a few days ago. He looked at the large stock of surgical instruments, appliances, dressings—everything that the busy practitioner needs. He found they import a full line of rare chemicals, batteries, etc. They take special pains in showing visiting physicians their large stock. Special attention given to mail orders and physicians general supplies. Physicians who expect to attend the State Medical Society at Wichita, should not fail to see the large display and exhibit made by Mr. Robinson of this firm there. The JOURNAL takes especial pleasure in recommending this firm to all its patrons.

"THE germ theory of consumption was discovered and proclaimed first by Dr. Martin in 1772, more than one hundred years before Prof. Koch was born."—*Maritime Med. News.*

1872 may be all right, but Koch is more than nineteen years old. Evidently a slip of the pen.—ED.

THE Medical Association of Missouri will hold its thirty-fourth annual session May 19, 20 and 21, 1891, at Excelsior Springs, Missouri. Kansas brethren cordially invited.

A. B. SLOAN, M. D.,
President.
Kansas City, Mo.

The time has been changed from the 12th, 13th and 14th. This gives the brethren an opportunity to attend the Kansas Medical Society at Wichita. It will appear like old times to see the Missouri physicians with us in force. Welcome brethren.—ED.

BOOK REVIEWS.

TEXT BOOK OF HYGIENE, Second edition, by George H. Rohe, M. D., Professor of Obstetrics and Hygiene in the College of Physicians and Surgeons—Baltimore, Md., Published by F. A. Davis, Philadelphia, Pa.

This volume has been laid on our table and carefully examined. Its mechanical execution is excellent, and it is an admirable revision of the first edition, embodying recent advances in the rapidly developing science of sanitation and containing a chapter on Naval Hygiene, revised by Surgeon Albert L. Gihon, U. S. N., and one on Quarantine, by Surgeon Walter Wyman, U. S. Marine Hospital Service. It is not only a desirable Text Book for the student, but contains much of interest to the general practitioner and is adapted to the comprehension of the general reader, and should be studied by all who believe health and life better than disease and death. In chapter XVII the author, in his desire to embody what is new, assumes that "the germ theory of disease is established upon a secure foundation," and that "it may be regarded as fully demonstrated that the *bacillus tuberculosis* is the cause of consumption;" that cholera is due to the "common bacillus," that Pasteur's inoculations for hydrophobia are protective, etc. In writing a "Text Book" its author should not assert that anything in science is settled that is still *sub judice.*

DIABETES—ITS CAUSES, SYMPTOMS AND TREATMENT.—By Charles W. Purdy, M. D., Queen's University, Honorary Fellow of the Royal College of Physicians and Surgeons, Kingston; author of "Bright's Disease and allied Affections of the Kidneys;" member of the American Medical Association, etc., etc. 12mo., 183 pages, $1.25 net. F. A. Davis, Philadelphia, 1890.

This little volume No. 8 in the "Physician's and Students Ready Reference Series," shows a careful study of the subject under consideration. The first one hundred and sixty pages, is devoted to Diabetes Mellitus, its geographical, physiological and pathological considerations, etiology, morbid anatomy, symptomatology, treatment and clinical considerations. The author shows by carefully arranged tables that so far as the climate of the U. S., is concerned, cold and altitude are the chief climatic features that determine high mortality from diabetes. The most favorable location for diabetics, according to his tables being the South Atlantic coast region. Under physiological and pathological considerations he admits the essential feature of the disease to be the disturbance of the glycogenic function of the liver. Heredity is given as a pronounced cause of the disease, while sex, climate, race, injuries and diseases of the brain are not forgotten. The morbid anatomy of recent diabetes is practically, *nil*, what changes are observed in the liver, lungs, kidneys, blood and brain are secondary rather than primary. Under symptomatology is made a systematic review of the effects of the disease upon the great diversions of the economy, viz.: The digestive, circulatory, nervous, cutaneous and muscular system and the urine, also the principal complications are considered at length. Under this head also are the various tests for urine and it is somewhat surprising that the author adheres to a test that for several months before the appearance of the work was recognized as but a negative one. The treatment, is principally prophylactic and dietetic. The numerou brands of diabetic flour and bread are condemned, all containing starch. The dieting must be systematic. The medicinal treatment is limited to a few remedies, such as opium, bromides, ergot, arsenic, (Gilford's and Clemen's solutions of the bromide,) Jambul oxygen and alkalies, while other remedies are spoken of as of but little merit. This part of the work closes with a clinical review of a number private cases which is interesting and instructive. The remaining pages contain a brief resume of diabetes insipidus, its classification, etiology, pathological, anatomy symptoms, course and treatment. Altogether an admirable work, well worth a careful perusal. D. F. R.

J. B. Lippincott company will, beginning with April, issue quarterly thereafter a work entitled "International Clinics,"

This work will comprise the best and most practical clinical lectures on Medicine, Surgery, Gynæcology, Pediatrics, Dermatology, Laryngology, Opthalmology and Otology delivered in the leading medical colleges of this country, Great Britian and Canada. These

lectures have been reported by competent medical stenographers and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and medical student with the best and most practical clinical instruction, in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

MEDICAL MISCELLANY.

Directions for the use of the Tuberculinum Kochii.

TRANSLATED FROM THE GERMAN BY PROFESSOR MINCKWITZ.

The maximum dose with which to begin the use of the lymph in all cases of genuine tuberculosis, of whatever character, is 0.001 cc in adults and from one-half to one-tenth that quantity, according to age, in children.

The intervals between the injections, at the beginning, should be at least one day.

At the beginning the dose should only be increased by 0.001 cc until 0.005 cc has been reached when it may be increased by 0.002 cc.

After 0.01 is reached a greater increase is possible. As a rule the dose of 0. 1 should be considered maximum.

As a diluent a solution of carbolic acid of $\frac{5}{10}$ per cent. is to be used, yet stronger solutions of the acid are permissible.

Dilutions are to be made in the following manner, obtain first, a solution of 10 per cent. by adding 1 cc of the tuberculinum Kochii to 9 cc of diluted carbolic acid of the strength of $\frac{5}{10}$ per cent. In the same manner a 10 per cent, solution of a 1 per cent. solution is obtained. Under no condition ought greater quantities of the dilution be prepared than are absolutely necessary for the next few days.

When the solutions assume a cloudy appearance, they become unfit for use.

The temperature of patients should be taken morning, noon and night for several days before beginning treatment.

A thorough examination of the lungs and larynx should be made before treatment is commenced, and the expectoration should be examined for bacilli. In case of diarrhœ the excretions should be examined.

All injections should be made as early in the day as possible, and after the injection the temperature should be taken every third hour.

If in consequence of an injection the temperature should rise to 39° (Celsius) the next dose should not be increased, but the same dose should be used until the temperature does not exceed 38° (Celsius). If a higher temperature lasts for any length of time no injection must be made until it has fallen to 38°.

In doubtful cases, which only the diagnosis decides,and in such tuberculous types as lupus of small extent and tuberculosis of a joint, treatment may be commenced with a dose of 0.005 cc, and if no reaction occurs it may be increased to 0.01 or to 0.02 cc.

Special care is necessary in all cases of advanced tuberculosis of the lungs, pharynx, brain or intestines, and of lupus of the face; and in cases complicated with heart disease, diabetes, hacmoptysis or other dangerous conditions, injection ought not be made or should be stopped.

Examinations of the expectoration should be repeated at least once a week.

The weight of the patient should be taken at regular intervals.

The syringes should be disinfected with absolute alcohol both before and after use.

DR. A. LIBBERTZ.

Liebreich's Tuberculosis Rememdy.

At the society for Inner Medicine Dr. Liebriech delivered an address on the subject of his remedy for tuberculosis, and gave particulars as to the general effect of the treatment. The result of injection, he believed though he was unable as yet to afford positive proof on this point, not to cause an increased transfusion of serum, by which badly nourished cells recieved better nourishment, or the bacilli were destroyed. In his experiments on human beings he had most carefully commenced with a dose of one fiftieth part of a deci-millgrm., gradually increased it to six deci-millgrm., which was in his opinion, the extreme quantity which could be injected with safty, but

lately he had limited the dose to five deci-millgrm., in most cases. The pathology he thought, was unimportant so long as the result was satisfactory.

Dr. Liebreich's explanations were not altogether favorably received; and it is alleged by some medical men that there is a danger of the injection causing hematuria.

Dr. Heinmann stated that since June 30, he had treated twenty-seven patients with Dr. Liebreich's remedy, eleven of whom were suffering from tuberculosis of the worst form and six from chronic disease of the larynx. The effects in all these cases had been most favorable. He produced one of his patients, who, when first taken under treatment, was almost voiceless, but could now sing clearly. Prof. Frankel also showed a number of patients who had been inocculated with the cantharidate of potash and stated that in fifteen cases favorable results had been obtained.—*Medical Press.*

THE notice of meetings of State Medical Societies published in the March number of the JOURNAL, should have been credited to the *New York Medical Journal.* The list handed us was from the secretary of the A. M. A., and we supposed it was his work.—ED.

GIVEN AWAY.—A good practice, part contract work, both pleasant and profitable, to a man who will purchase my residence property. No opposition; will sell cheap and introduce purchaser. Satisfactory reasons for selling. Address S., care of this office.

ON TO WICHITA.—Note the letter of welcome in this number of the JOURNAL by the physicians of Wichita to the profession. Their hospitality is proverbial, and the energy and vim characterestic of the Gateway City to the South-west is exemplified in her physicians. Take our word for it, and go and enjoy one of the best meetings in the history of the State, if not the best.

Local State Medical Societies of Kansas.

NAME.	PRESIDENT.	SECRETARY.	DATE AND FREQUENCY OF MEETING.
Bourbon County Medical Society,	A. L. Burson, M. D., Fort Scott,	J. B. Carver, M. D., Fort Scott,	First Tuesday in each month.
Central Branch Medical Association,	Levi Chase, M. D., Irving,	A. S. Andrews, M. D., Washington,	Quarterly—first Thursday in Mrh, June, Sep. & Dec.
Eastern Kansas Medical Society,	L. L. Terwilliger, M. D., Lansing,	R. S. Magee, M. D., Topeka,	Second Tuesday in Jan., April, July, and Oct.
Golden Belt District Medical Society,	Wm. B. Dewees, M. D., Salina,	F. B. Browne, M. D., Salina,	First Thursday in Jan. Ap'l., June and Oct.
Leavenworth (city) Medical Society,	L. L. Terwilliger, M. D., Lansing,	W. W. Walter, M. D., Leavenworth,	Monthly.
Lyon County Medical Society,	T. F. Foncannon, M. D., Emporia,	J. J. Wright, M, D., Emporia,	Monthly
North Kansas Medical Society,	W. Sturges, M. D., Axtell,	N. Hayes, M. D., Seneca Falls,	First Tuesday each month. Semi-annually.
Northeastern Kansas Medical Society,	Jos. Haigh, M. D., Grenada,	L. L. Reynolds, M. D., Horton,	May and November. First Tuesday in March,
Pottawatomie County Medical Society,	W. F. Richardson, M. D., Havensville,	J. M. Jennings, M. D., Wamego,	June, Sept. and Dec. First Tuesday in Feb.,
Republican Valley Medical Society,	F. M. Daily, M. D., Scottsville,	C. F. Leslie, M. D., Clyde.	May, Aug., and Nov. First Thursday in Jan.,
South Kansas Medical Society,	J. W. McCracken, M. D., Sterling,	O. B. Whittecar, M. D., Peabody,	Ap'l., July and Oct. Semi-annually,
Sixth District Medical Society,	W. A. Leigh, M. D., Stockton,	W. R. Callender, M. D., Stockton,	January and July. Second Thursday in Jan.,
Topeka Academy of Medicine and Surgery,	Theo. W. Peers, M. D., Topeka,	D. F. Rodgers, M. D., Topeka,	April, July and Oct. First Tuesday in each month.
Topeka Pathological Society,	S. G. Stewart, M. D., Topeka,	C. C. Green, M. D., Topeka,	Every Tuesday evening.
Wilson County Medical Society,	F. M. Wiley, M. D., Fredonia,	A. C. Flack, M. D., Fredonia,	Second Tuesday in Jan., April, July and Oct.
Wyandotte County Medical Society,	John W. May, M. D., Kansas City,	John Wherrell, M. D., Kansas City, Ks.,	First Monday each month.